	RECALL PETITION	i	1 24.5
TO: Wisconsin Government Accountabil	ily Board whom nomination papers or declaration of candidacy for the	uffice is filed)	OPEH
			MIN
We, the undersigned qualified electors of the $rac{\mathbf{Z}_{0}^{2}}{0}$	urisdiction or district of officeholder)	Vitainin D	MISSING
petition for the recall of Robert Wirch 22	(manie of officeholdet to be recalled the natice)		_
from office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
S (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No st legislative, judicial, or county officials.) Refusivy to represent the citizens of Wi	atement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	Have you seen rie? Missing since 2/17/2011 www.kecallylich.com Recallylich.den Recallylich.den
		MATERIAL PROPERTY OF BESTON OF SERVICE	UNEICUENT
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rarel address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
"Suffery	649 Viwerest Terrou	Drillage Burlington, WI	2/25/11
2. Dwil Henry	649 Viewcrest Terrace	Dillage Burlington, WI Drown Dillage Burlington, WI Willage Burlington, WI Strike	<u>२/२४/॥</u>
3. Janth Kannedy	649 Viewcrest	1 Town 1 Wilage Burlington, WI	2/25/11
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1. Gerald L Kenner Treside at 649 Veierrest Ter	Certification of Circulated Jr.	T 53105	y:
(kin	culator's residence - include number, direct, and infinicipality		of the jurisdiction c

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am award that falsifying this confidence is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

Page No. 101

GAB-170 (Rev. #2697) The information on this form is required by \$5, 8-40 and 9-10, Was, Seas.

The form is prescribed by the Covernment Accountability Board, P.O. Box 7981, Maddeson, W1 53797-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22^d Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jon E. Buskingham		Town U Village U City SOM ERS	2/27/11
1. Jon E. Buskingham 2. Midal D. Klyv	2425 11th Street	SKTOWN D Village City Somers	2-27-11
3.		☐ Town ☐ Village ☐ City	
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0.		Ci Town Ci Village Ci City	

Certification of Circulator	
1. JON E. BUCKINGHAM	, certify:
fname of circulator)	
I reside at 2425 1142 STREET, MENOSHA, Wi. 5 (circulator's residence - include number, street, and nunicipality)	3140 Somers.
(circulator's residence - include number, street, and numbcipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full knot opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsiff §.12.13(3)(a), Wis. Stats.	owledge of its content on the date indicated ying this certification is punishable under

Please mail this form to $\mathcal L$

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 102

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Win. State.

This form is prescribed by the Government Accommobility Board, P.O. Box 7984, Madison, WI. \$3707-7984
608-266-8005, http://pab.wi.sov.cmail.gab@aitgov.

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22^d Wiscousiu State Senate District** (jurisdiction or district of Officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Page No.

SIGNATORES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING		
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- Control Villa	Pleasant Prairie WI				
TUNDOS Bunna	Pleasant Mauri Ni 5318	Town Kyilage Plearant Rraine	2/ Teb 2011		
3 de la	10800 430l Ave	D Town	2/27/2/1		
	Pleaset Prairie DI 6315		57 (700)		
4. Malls 4. Genett	Pleasont Prasriew 58154	Trown Willage Ploasant Praine	2/28/2011		
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10.		□ Town			
		☐ Village ☐ City			
Leff Huntle Certification of Circulator certify:					
reside at 10800 4314 free Plansat Prairie W153158					
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated pposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 12.13(3)(a), Wis. Stats.					

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

608-266-8005. http://gab.wi.gov/email: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

608-266-8005, <u>http://gab.wi.gov</u>-email: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE	D.LET OF
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D any one	1011 /117hst.	Down Pleasant	÷ (/.
Cul Miller in	Wiscopsia 53158	Drvillage Prairie	3/26/11
1/ 1/ 1/ / 100	1011 11/th st.	Town Pleasen + Prairie	31.
LATHY Millian	Wisconsin 53155	o City	8/26/1
7 - 70	Certification of Circulato	r	
Carol J. Ziese	mer		
, , ,	me of circulator)	WIT FOUTA	
le at 11234 - 9th Ave	ator's residence - include number, street, and municipality)	WI 53158	

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin (name of officebolder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	AUDICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
MICHELLE TANNER	90424 112TH ST P.O. BUX 303	O Vilege	2/27/11
2 MARY & SCHATZ	30626 1124KST POBEX BB3	D Town Wilmst UVilage UCKy Allen	2/2-/11
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10.		C) Town C) Videga D City	
1. MICHELLE TA. 1 reside at 30626 11274	Certification of Circulate	O r , cenify:	
	ST. WILMOT, Lake's residence - include number, street, and numicipality)	W1. 53192-0	<u> 303 </u>
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi	petition. I know that each person signed the j	aper with full knowledge of its content or	the date indicated
§.12.13(3)(a), Wis. Stats. 2/27/20/	1/ -7723	(Liganture of circulator)	
Please GAB179 (Rev. 6/307). The information on this form is reported by §§. 8-40 and §§. Distribution is recorded by the Cities desirable Accountability Based, P.O. Box 7-944, M. 682-365-1003, Prography 1 per centile publishing to make publi		Lake, WI 53170 Page No.	105

TO: Wisconsin Government Accountable	ility Board h whom nomination papers or declaration of condidacy for the	office is filed)	ОРЕН
We, the undersigned qualified electors of the	22 rd Wisconsin State Senate Distric		Milk
	(jurisdiction or district of officeholder)	· ····································	MISSING
petition for the recall of Robert Wirch	(name of officeholder to be recalled and office)	su	
from office pursuant to Article XIII, Section			
(The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No legislative, judicial, or county officials.) Rehusing to represent the cilizens of W	statement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	Have you seen me? Missing since 2/17/2011 www.RocalfWirch.com RecalfWirch@gmail.com
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	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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V1286	10004 65 PM AVE	Drillage Pleasant prairie	2-27-11
2 Patricia A. Durte	10004-65th AVENUE	Drown Deasant Prairie	2-27-11
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I, Daniel L. Bu I reside at 10004 65th Ave	Certification of Circulate (name of circulate) (name of circulator) (reulator's residence - include number, street, and municipality)	<u> </u>	y:
I personally circulated this recall petition and personally circulated this recall petition and personally circulated by the officeholder named in the opposite his or her name. I know their respective respective respective respective respective respective.	conally obtained each of the signatures on this pa	paper with full knowledge of its content	on the date indicated

§.12.13(3)(a), Wis. Stats. 2 - 27- 26//

Please mail this form to:

GAB-170 (Res. 6/2007). The information on this form is required by §§ 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI. 53707-7984.

(68-266-8005, http://gab.wi/gox/errailk/gab@wi/gox/errailk/gabw/gox/errailk/

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.	
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	 	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
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" frue Lord	SHIFM WF	City PRIANTON	2-2611	
4. 0 . 0 .	22512 3157	M Town)		
" Darlene Ludweg	SALEM WI	Ocity Drzighton,	7-2611	
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6////	KerloshA	Town	0.46 1.	
Maner Mener	111 seams	City Comers	224-11	
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Jan Juny	Ken, WI	O Village Somes	2-26-K	
8/-)	30909 BURKINGTON PO	56 Town / /		
(Fernal henry	Brighton W!	Ocily Brughter	1-26-11	
9.00 - 0	30911 Burlington	Afrikage Rush + 1	2-26-1	
Cothy Jeeken	Durlington W 5	DE BRIGHTON	2.20.	
10	30911 BURLINGTON	A Town RIGHTAN	2-26-11	
IOM LERUN	BunLington, W15	B98iy5-	L- 05	
Contiguation of Civaulator				
I, EUGENE LUDWIG Certification of Circulator, certify:				
I reside at 235/2 3/69	ame of circulator), SALEM,	Wi 57/69		

I. EUGENE	LVDW/ Certification of Circulat	0° , certify:
I reside at 235/2	(name of circulator) 3/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/	Wi 57/69

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

				MECAL.
FO:	Шілелилін	Gruerument	Accountability	Brard

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, <u>http://gab.wi.gov</u>-email: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

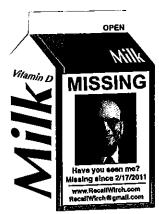
22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. CARRIE Jensen	4773-84 th st	D Town Plagsant D'Cily Praine	2/26/11
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Carris Jensen	Certification of Circulat	, certif	y:
reside at 4773-BYTMS	(name of circulator) T. KAMOSHA 1411 . 53	142 Mlage of	ANT PRAND

(circulator's residence - include number, street, and municipality)

Please mail this form to:

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

08

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District (jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Wightnan	4732 ISAN AVE Kenosla WIS314Y	Town Utilage City Parks	2/26/1,
2. The last	4732 ISAND Ave Kenosha WI S3144	Destrown Utiliage City Paris	2/26/4
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I,	<u>\US></u>	ariara	- WIGHTM	<u>140</u>				, certify:	\sim	`
I reside at	4732	- 152na	(nancof circulator)	Kenos	ha	WI	53/9	H (;	<u>Paris</u>)
			(circulator's residence - in	iclude number, street, a	nd municipality)			_		
district repr opposite his	esented by the	officeholder nan I know their resp 2-26	nd personally obtained ented in this petition. I know the certive residences given.	w that each perso	n signed the p	aper with full n aware that fa	knowledge of dsifying this co	its content on	the date indic	ated
		(date)			v	(signature of cir	culator)			
			Please mail this f	orm to:	Recall W	/irch		5.37	1 . 0	7

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountabil	Lity Board when nomination papers or declaration of candidacy for the	office is filed)	OPEN
We the undersigned qualified electors of the 2			Milk
petition for the recall of Robert Wirch 2	2 rd District State Senate of Wiscon (name of officeholder to be recalled and office)	oin	MISSING
from office pursuant to Article XIII, Section 12			
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No statistically, judicial, or county officials.) Refusing to represent the citizens of Wi	talement of reuson is required to initiate the rec	The reason must be related to call of state, congressional,	Have you seen me? Missing since 2/17/2011 www.RecaffWirch.com RecaffWirch.@gmail.com
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Krist Labordecki	16207 60 9h St Beistor WI 53/04	Town XVillage BRISTOL City Town XVillage Bristo/	2 26 11
2. Aristopher Kordedi	16605 - 104th St Bristol Wi 53104	Town Bristol	2/26/11
3,		☐ Town ☐ Village ☐ City	
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1. KRISTING L KOR	Certification of Circulat	or, cert	ify:
Treside at 16207 Loth	traine of circulator BRISTS WI ST WI BRISTS WI reculator's residence - Include number, street, and municipality	53104	
I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective to \$.12.13(3)(a), Wis. Stats.	onally obtained each of the signatures on this p	aper. I know that the signers are elector	If Old file ance measure
(date)	se mail this form to: Recall	(signature of circulator) Wirch Page	No. 110
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TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

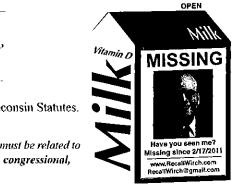
(jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)



Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Parid Menbaner Dand Nember 2. Ord NAD.	10378 186+1 Ave Bristol WI 53104	Drown Bristol City	Feb 27 2041
2. Jol Helin	10335 186TH AVE BRISTOL WT <3104	Pristol City Town Willage Bristol City	2-27-11
Effer R	10335 1860 Ave	Town Bristol City	2-27-11
4.		□ Town □ Village □ City	
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De il No ha as A	Certification of Circulate	or 	

	U GILY	
1. David Kenhaner &	Certification of Circulator	, certify:
I reside at 10378 186+4 Av.	(name of circulator)	·
district represented by the officeholder named in the opposite his or her name. I know their respective to	sonally obtained each of the signatures on this paper. I know th his petition. I know that each person signed the paper with full esidences given. I support this recall petition. I am aware that fa	knowledge of its content on the date indicated
(date)	se mail this form to: Recall Wireh	rculator)

Recall Wirch

GAB-170 (Rev. 5/2007) The information on this form is required by §§, 8.40 and 9.10. Wis, State P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Brand, P.O. Box 7944, Medison, Wt. 53707-7984
608-266-8005, http://gah.wi.gov.crail: gab@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

Page No.	111
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TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th

22nd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	F
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Carrie Korekal	1624 (5PL) Kenosha UT 5340	U Town U Village RerCity	2-27-11
2. Tenn Youkal	1624 15+5 PL Kenoska WI 53140	O Town O Village O Kenusha	2-27-11
3. Jani Bron	5315-70thSt Kenosha, WI 53142	D Town D Village Kenaha	2-27-11
4. Loni Jacob	6847-54th St. Kenosha, WI 53144	□Town □Village Va Cily Keno Sha	2-27-11
5. Jemais Cipne	9010 : surve 14enos ha 531411	Drown Drown Drown Representation	2-27-11
6. Kristed Wells	1/9 7/57 St HZ	U Town U Village Va City Location	2-27-11
Barban hiles	920 61 Street Kenocha WI 53142	U Town U Village Secity Lanosha	2.27-11
8. Ein Ctur	9303 66th Street K-markle, w/ 53143	□ Town □ Village □ City City	2-27-11
9. Losa Dive	6928 35th AR Venosing WI 52492	o Town O Village Scily Lenate	2-27-4
10. Marla Yarlerough	8948 43Rd Clive Kenoska, W153142	D Town Village ACity Kenotha	2-27-11
	Certification of Circulate)r	

	Certification of Circulator	
Terry Yarbrongh		, certify:
eside at 8948 4324 AV	e Kenoshy, WI 53142	
	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

2.13(3)(a), Wis. Stats. $\geq /27/1$,

Please mail this form to:

(signature of circulator

P.O. Box 26 • Silver Lake, WI 53170

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· •	WULLIAM	UL 1711	wannen	AUXUU	шшшш	Diwa

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch

trict <u>State Senate of Wisconsin</u>

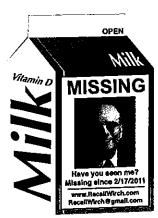
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. A dead hory	Kenosha WI 53/42	O Town O Village Kenosha (City)	2/27/11
2//	1614 21th AVY Knosha, WI 53140	U Town U Village Kenuska	2/27/11
3 Kimberly J. ackaney	Kenosha, wx 53140	O Town O Village Kenoshar	2/27/11
4.1) and Orina	6734 21 m Are Kenosha, Wi 53143	□ Town □ Village <i>Kenosha</i> &City	2/27/11
5. Julie Jellows	22310-118 St Bristol W 53104	D Town Solitor City	2/27/11
6. Steven (vary Jr	9019 17th Ave Venosha WI 53143	Town Usilage Lenos ha	2/27/1
7. David Hammond	10029-60th St. Kenosha Wi 5344	*Town Somers	2/27/11
8. Jesse Wengler	4529 18 NV Kenosha W153140	□ Town □ Village ☑ City K <i>e NoSh A</i>	2/2/1/11
9. Kur Bacob	6841 5474 St Kenosha WI 53241	orown Ovillage Kenosha	2/27/1
10. Danie Done	6825 35th Ave HENOSHA, WI 53142	Town O Village Kentsha	2/27/11
	Certification of Circulate	or	

	Terry Varbrough Certification of Circulator	, certify:
I reside at	8948 43rd AVE Keriosha, WI 53142	, comy.
	(circulator's residence - include number, street, and municipality)	
	rculated this recall petition and personally obtained each of the signatures on this paper. I know that the s	

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
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1. Wold y fogon	20877 45th St Bristol, W1 53104	XTown Usillage City	2-26-11
2. Jan A. M	20871 45th St.	DyTown Q Village City City	2-26-11
3. Dail Mi Carety	6017 248+1 ct / Paddock Lake 53168	Town Willage City Paddocklake	2-26-1
4. Robert Verevraski	30925 45th St Bristof, W)	M Town U Village Paris	2-27-11
5.	20877 13th St. Brishi, WI 53101	ATOWN Uvillage Paris Ucity	2-27-1
6. Lynne Logan	20 577 45 h St. Brishil, WT 53104	D Town City Part 5	2-27-11
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	☐ Village ☐ City	
	Certification of Circulator	
1, Donald G. Logan	, certify:	
I reside at Zo877 45th S	ne of circulator) T Brystol W1 53104 (Paris Townshyp)	,
	ator's residence - include number, street, and municipality)	
district represented by the officeholder named in this	petition. I know that each person signed the paper with full knowledge of its content on the date i lences given. I support this recall petition. I am aware that fals fying this certification is punishable (signature of requals)	indicated
	(signature of crewator)	

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountable	RECALL PETITION lity Board		OPEN
(official with	whom nomination papers or declaration of candidacy for the	The state of the s	Milk
We, the undersigned qualified electors of the \underline{Z}	(jurisdiction or district of officeholder)	Vitamin D	MISSING
petition for the recall of Robert Wirch	12d District State Senate of Wiscon (name of officeholder to be recalled and office)	oin	
from office pursuant to Article XIII, Section 1	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No legislative, judicial, or county officials.) Refusing to represent the citizens of W	statement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	Have you seen me? Missing alnce 2/17/2011 www.RecasiWinch.com RecasiWinch Signalic box
			
THE MUNICIPALITY USED FOR MAILIN THE NAME O	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST	vicipality of residence, is not s Falways be listed.	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Davil P. Luyer	1419 94th Avenue Kenosha WI 53144	a Town O Village O City Somers	2/27/11
1. Davil P. Lruyen_ 2. Jones Knege R	1419 - 94th Avenue	O Village Somers O Town O Village Somers	2/27/11
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``	rculator's residence - include number, street, and municipality)		<u>ucr</u> 2
I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective re §.12.13(3)(a), Wis. Stats.	his petition. I know that each person signed the	paper with full knowledge of its content	on the date indicated
4/1/1/ (date)	se mail this form to:	(signature of city dator) Mirch	

GAB-170 (Rev. 6/2007) The information on this form is regulard by \$5, 8-40 and 9.10, Wis. State.

This fram to prescribed by the Controllersh Accountability Reset. P.O. Ben 7081, Madestre, WI 53/703-7084

MNS-266-8005, <u>HIDDOREPH TORING</u> CHAIL: gold by giving on WWW.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

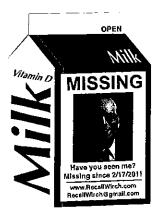
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



SIGNATURES OF ELECTORS	E OF THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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KEITH W. BARN	Certification of Circulate (IETTE (name of circulator) STREET PLYA SANT PRA (circulator's residence - melude number, street, and municipality)	or , certif	y:

I personally circulated this recall petition at	nd personally obtained each of t	the signatures on this	paper. I know that th	e signers are electors of	the jurisdiction or
district represented by the officeholder nam	ed in this petition. I know that	each person signed th	he paper with full kno	wledge of its content on	the date indicated
opposite his or her name. I know their respe	ctive residences given. I suppor	rt this recall petition.	I am aware that falsify	ing this certification is pr	anishable under
§.12.13(3)(a), Wis. Stats.			10 =		

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

	RECALL PETITION		OPEN
TO: Wisconsin Government Accountabil	ity Bootd shorn nomination papers or declaration of candidacy for the o	Mice is filed)	5,50
We the undersigned qualified electors of the 2^{\prime}			MISSING
petition for the recall of Robert Wirck 2	(Utilité (i) Ottiernoines to resenten aux courses		E
from office pursuant to Article XIII, Section 12	2 of the Wisconsin Constitution and §.9.10 of	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No si tegistative, judicial, or county officials.) Refusing to represent the citizens of Wi	fatement of reason is required to minute me vec	The reason must be related to all of state, congressional,	Have you seen me? Missing since 2/17/2011 www.RecellWirch.com RecellWirch@gmail.com
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	C PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE MUNICIPALITY USED FOR MAILING THE NAME OF	F THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
"Carol & abraham	638 Kennedy Dr. Twin Lakes WI 53181	OCIYY TWIN Lakes	2/25/11
2. In allow	638 Kennedy Dr Twin Lakes WI 53181	Drown BAVIIIage Twin Lakes	2/25/11
3. Botam Jorhacker	8446-235th ave Salem, w= 53168	a Town O Village Salem	alaslu
4. Carl Dan	38335 8754 Budington W 53105	Trown Pandall City	2/25/11
5. 12 News	37950 gg+h PL Tuin Lokes, WI 53181		2-25-11
6.		☐ Town ☐ Village ☐ City	<u> </u>
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"	Certification of Circulat	, certi	fy:
reside at 638 Kennedy	Dr. Twin Lakes, residence - include number, street, and municipality		
I personally circulated this recall petition and personally circulated this recall petition and personal in the circulated the personal in the circulated the control of the circulated th	sonally obtained each of the signatures on this p	aper. I know that the signers are electors paper with full knowledge of its conten	s of the jurisdiction t on the date indicat

district represented by the officenoider named in this petition. I know that each person signed the paper with full knowledge of its content of the date instruction opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

| Alback
| (signature of circulator) district represented by the officeholder named in this petition. I know Recall Wirch

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Diane L. Krueger 2. Todd R Krueger	8945 34+MAVE nue Kenosha WI 53142	Drown Drillage Kenasha	2/26/11
2. Todd R Krueger	8945 34 th Avenue Kenosha, WI 53/42	Drown Drillage Kenasha	2/26/11
3. Charlotte S. Stackon	8959-34ane Kenoha W153142	Town Dyllage Kenasha Town Stily City Kenasha City Kenasha Village Kenasha Village Kenasha Stily	2-26-11
4. Davil E. Stachon	8959-34TH AVE KENUSHA, WI 53142	U Town U Village Kendsha	2/24/1
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	Contification of Cinculate		

Certification of Circulator	
1, Robert E Krueger	_, certify:
I reside at 8945-34th Ave. Kenosh, WI City 53142	
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		JUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROWE. Rural address must also include box or fire no.	- MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. MI Long	26730 104th St Trevor WI 53179	Town O Village Salem	2/27/1
"Militar K. Horas	34700 /04 4. TINO (UT 53/19	Q Town Q Village SC/EM	3.97
3. Talfley	4/34 NFIFTH ST Siver Cake, WT 53170	Town Silver Lake	2/27/11
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. 40	Dagos	Certificatio	on of Circulator	, certify:	,
I reside at 26	230	10 grame of Graphator)	Theon Wi	53179	(Salem)
	.	(circulator's residence - include numb	ber, street, and municipality)		<u>(</u>

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I know that falsifying this certification is punishable under \$.12.13(3)(a), Wis, Stats.

(đate)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. | | C

TO: Wisconsin Government Acci	BUHLADLELLY BOOKA Micial with whom nomination papers or declaration of candidacy for the	office is filed)	OPEN
We, the undersigned qualified electors	of the 22 ^d Wisconsin State Senate Distric	la.	Milk
petition for the recall of Robert Wi	(jurisdiction or district of officeholder) tak 22 rd District State Sexate of Wiscont (name of officeholder to be recalled and office)	Witamin L	MISSING
from office pursuant to Article XIII, S	ection 12 of the Wisconsin Constitution and §.9.10 STATEMENT OF REASON FOR R		
	itions for city, village, town, and school district officials. der. No statement of reason is required to initiate the rea	The reason must be related to	Have you seen me? Missing since 2/17/201: www.RecallWirch.com RecallWirch@gmall.com
Refusing to represent the citizens	of Wisconsin 22 rd State Senate District i	in Madison.	
	MAILING PURPOSES, WHEN DIFFERENT THAN MUS NAME OF THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Churting J. Lynd	23530 112 st Trever, WI 53179	ZXTOWN CI Village City	2/27/2011
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10.		☐ Town	

I reside at	23530	112 2 Street	, Tour	ot	Salem	
		(circulator's residence	e - include number, street,	and municipalit	у)	
district represe	nted by the officeho	lder named in this petition. I l	know that each pers	on signe# the	e pager with full knowledge o	are electors of the jurisdiction of If its content on the date indicated certification is punishable under
§.12.13(3)(a), \	Vic State	Avery 27, 2011		Muly	L July Land Hystry III III	ectureanon is punishable under

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22^d Wiscousin State Senate District**

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin

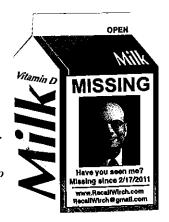
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE NAMI	E OF THE MUNICIPALITY OF RESIDENCE MUST	'ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE SIGNI
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() () () () Certification	of Circulator
1, Solunne Kntth	, certify:
I reside at 1585 4311. Ave	Tom of Somers.
(circulator's residence - include number, s	street, and municipality)
I personally circulated this recall petition and personally obtained each of the significant represented by the officeholder named in this petition. I know that each opposite his or her name. I know their respective residences given. I support this §.12.13(3)(a), Wis. Stats.	person signed the paper with full knowledge of its content on the date indicated

Please mail this form to:

- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22

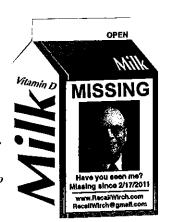
22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
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2. Debra J. Dull	5002 3574 Aul	□ Town □ Village □ City CLNCSha	2-27-11
3. Sue Hameten	5536-35th AVE.	□ Town □ Village SCily Kenosha	2-27-//
4. Bof was	404/3-1025	O'Town Randal O'Village Scily SENON (IT)	2-28-11
5	5208-86PL	□ Town Theses F CR Stillage □ City	2-28-11
6. W. 7st	4208 124 th St	Town Playant City Playant Pairie	2-28-11
M. M.	5208-86- Place	City Pravie	2/28/201
Tol O'lmie	4910-83 51-	Town Pleas	2/28-11
Mar Olber	108 28 - 254ThAVE	D'Town Salem	0/20/11
10. Por Fruite	7640 623 14PL	MTown Utillage City Somers	2.28-11

Certification of Circulator DONALD A. DIEHL	, certify:
I reside at 5602 35 TH AVENUE, KENOSHA, WI. 53/4L	,, .
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signer	s are electors of the jurisdiction o

1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I and aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

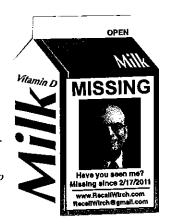
(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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3. $\mathcal{O} \cap \mathcal{O} \cap \mathcal{O}$	13531 38th Aug	☐ Town Village ():	
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4. Thete Will	12531 88th Ave	Town Pleasant	ا ما
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s. The state	4123 -104th ST	Town (Pleasant Piririe)	
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On of his Ritchie	10490 Lakeshore	DTOWN Phin MAD	2-27.11
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Jan Ling	Pleasant PrairieWI53158	DICHY PRAIRIE	2-27-2
in the miles	124611 65C)	Town PLeasanT	2/27/20
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0. //	1299 1/272 5-	Town Pleasant	2/22/2
Heleny. Bohrings	PLEASANT PREIRIE WIS 3158	Ocity Prairie	2/27/20
Jeff Lauer	Certification of Circulato	or, certify	•
I reside at 8770-83rd Place Pleasant Prairie, WI 53/58 (circulator's residence - include number, street, and municipality)			
versonally circulated this recall petition and person strict represented by the officeholder named in this	ally obtained each of the signatures on this pap		

opposite his or her name. I know their respective residences given. I support this recall petition, I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53701-7984 608-266-8005, http://gab.wi.cov.email: gab@wi.gov

§.12.13(3)(a), Wis. Stats.

form to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.0 - 1/	7008 9711/fur	☐ Town]
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<u>(h) 1400000 3</u>	LATIODIA MIS		
Certification of Circulator			
Jeff LAURT		, certif	

-	20 / 2	Certification of Circulator	
1, Jet	+ LAWER		, certify:
	(nan	ne of circulator)	
I reside at ?	770 83Rd PL	PleasaNT Prainie,	WI 53/58
		tor's residence - include number, street, and municipality)	•

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

" <u>2/28/20/</u>

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. |24

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Michelle Carpenter	11439-23rd Ave. Pleasant Prairiews 53158	Town PLEASANT Willage Prairie	2-27-2		
2.	11431 2311 fle	D Town PleasanT ReVillage Dily Prairie	2/27/2011		
Jan Jun	Plesson Peace	Drown leasant Exillago PMIRIE	2-27-11		
Rux	Plann+ Proprosts	Town Oxvillage Pleasant Prairie	2/27/2011		
· Vin Thurlie	3238 /25th Street Pleasant Prairie, WIS3/58	Town Pleasant	2-27/2		
Queli a Thunber	3238 125th 34. PLEASONT PRAINIEWI53192	Town PLEASant	2/27/20		
P. Harl	Pleasant Arairiew D5 3152	Town Plasant	2/27/2011		
DADNU	1244 32Nd Ave Oleasant Prairie WI 53158	Town P. Q. ea sant oxivilege Provide	2-27-2		
- Jank	8770-83el PL Pleasant Prairie WI 53158	Town Pleasant City Prairie	2/27/2011		
o. Yolanche Colla &	7008 97 Ph Avenue Kenosha W1 53142	□ Town □ Village XCily Kenosha	2/28/20		
Teff Lauer Certification of Circulator , certify:					
side at 8770-83Rd & GC		•	reside at 8770-83Rd Place Pleasant Organie WI 53158		

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TO: Wisconsin Government Accountability Board

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(jurisdiction or district of officeholder)

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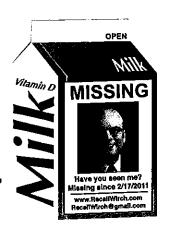
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Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. M. The	9410 741 5t- Kenusha WI 534	Urown Linoshar	2-28-
2. Julie III Palik	7407 95th Ave Kenusha WI 53/42	D Town Lenosha	2/23/11
3. Houller Showeman	Kensher Wi 53142	U Town U Village Decity	2-28-11
* Maria Soto	141295 Aye	UTown UVillage KENUSha	2/28/20
5. The for	7406 9768 GUE Kenoshy Wi 53142	D Town D Village Socity Wencisha	3/28/1
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Jeff LAUER	Certification of Circulato	r, certif	ỳ :
reside at 8770 834 PL Pleasant Prairie WI 53158 (circulator's residence - include number, street, and municipality)			

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

(signature of circulator)

Recall Wirch

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§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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Tive Manager 1 and learn non-14 and 14			
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			UFFICIENT.
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	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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6. Denner	900-605t KENOSMA W: 53142	U Town U Village KCNUShit	3/11/
7. 5078/19	6336-58AVE KENOSHA, Wis531	TO TOWN O YITHERE KENOSHA	3/1/201
8. Kyland W Stel	2905 1164 St Pl. Prairie 5358	Coty Pleason Waire	31-201
" Maron Campbell	11801-012 Green Bay Rol Pleasant Prairie, W. 5	Town Pleasant Prairie	3-1-2011
10. Krehan Grahset	94972-2004 Ave	Action PM S	3-1-20
	Certification of Circulate		

		Certification of Circulator	
I, 	eff Lauer		, certify:
	· · · · · · · · · · · · · · · · · · ·	ne of circulator) Pleasant Prairie, WI	53/58
	(circul	ator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(signature of circulator)

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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whem nomination papers or declaration of candidacy for the office is filed)

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petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

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	Rural address must also include box or fire no.	□ Town	
RADIF S-COUNT	Kenosha WI	U Velage Kencsha	3/1/2011
2. Kriskne Michaling	7612 18+h AVE	☐ Town	
- Kristine Schmalings	Kenosha, Wisconsin	presty Kenasha.	3/1/2011
3. 15FF NELS 3~	2218 RABITABROOK KD	Town Fles and	3/1/2011
- yeldrenn	PLBASANT PRATRES	City 10 PICITICIE	2/1/2011
4. Jak	6427 236th ST	Moun Salem	3. 1 11
Jake tawa	Salem WI	LI City	3-1-11
50 00	6821-21AV	C) Town	~
(Sunot Denn	KONOSLA WI 5343	Weily KONDSUA	5-1-11
6. 7	5410 60TH STREET	☐ Town ☐ Village	
Die There	RENOSHO WI 53144	Deily Desotha	3-1-11
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2 7 12 1	8761 39th Ave	Q Town	1 1
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10.00	8510-48th ave	STOWN PLACE ID	, ,
Michael Leongural	Kenosla, W, 53142	Winage FlEASANT PRAINE	3-1-11
	Certification of Circulate)r	
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Kimpha, W, 53142 PM/ TOMBAN TRAINE P
Certification of Circulator
, certify:
of caculator)
, WI 53158
d's residence - inchale mander, succi, and manicipality)
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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional. legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison



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Recall Wirch

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(signature of circulator)

TO: Wisconsin Government Accountability Board

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SIGNATURES OF FLECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	SIGNING
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2.	5740-64 AVE #5	☐ Town	
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10. Cill CHH	27920 60th 5t	SKTOWN	17, 1
(1/5/4/2)	59/en, WI 53168	Jan Brighton	12/1/11
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	Certification of Circulator				
I, Jeff	Lauer			, certify:	
		(name of cuculator)			
I reside at	8770 83rd Place	Pleasant Prairie, WI 53158			
-		to a market of a section of inch all market	street and manicipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its coment on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

211/201

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22dd Wisconsin State Sexale District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
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3. Mike L. Sovensen	HEMOSKA WI	U Village REASNOR	34-11	
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7.00	7920-19 Ave	□ Town		
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10.	3320 109# 57	☐ Town		
Seffrey 1. Roster	Pleasant Plaine, W 53158	City Pleasont Prome	3-1-11	
Click Deleter Certification of Circulator				
I, <u>E(1, od KE(2) 1 , certify:</u>				
reside at 7603 6th Ave Kenosha wt 53143				
(circulator's residence - include number, street, and municipality)				

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I an aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

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Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
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¹)		, сенну	•

, Mark Walkowsk;	Certification of Circulator	, certify:
I reside at 4034 Washington Rd	residence - include number, street, and municipality)	

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(signature of circulator)

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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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4. Al Levell.	5307 05 Strut Kunosle 41 55142	U Town U Village Kinosh	3-1-11
5. Tim BPW	92/5745[O Town O Village City	3-/-//
6. Lean Dussel	Pleasant Prairie	Drown Starting City Cleanant Prairie	3-1-11
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8. Pat Nelson	Kenoniu 101 53144	U Town U Village City KINGMA	3-1-11
9. Romal Multo	2006 300 ST Kennaha 53140	□ Town □ Village ■ City Lange	3-1-11
10. Heri Washerte	9500 - 81 55 5358	TownPleasqWT StVIllagb City Pr.	3-1-11
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reside at 7603 6th AUE		53143	
reside at 7603 6th Ave	lator's residence - include number, street, and municipality)	53143	

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1. Cinfel Oslil	Kenssh W/S 53140	gvillage Kenosha	3-1-11	
2. Shain Handury	Knocky Wi 53142	U Town U village W City Kenosha	31-11	
3. J. A. J.	3304 6124 Street Kenosha, WI 53142	O Town O Village Kenosha	3-1-11	
4. Clarlene Chan South	4914 - 70= 57. LENOSHA, WISHY	U Town U Village Keno Shq Be City	3/1/11	
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" Synastaric	Henosha, WIS3114	O Town O PASDA	3-1-11.	
7. Koga M Mayer	Blesset Prins	Stillage Plasent Práirie	3/1/11	
8. Fred mins	11116-755T # 107 KENUSHA, Wi 53142	D Village KEP63HA	3-1-11	
9. T_9-9.	4327 28TH AVE	U Town U Village KENOSHA 25City	311	
10. J. J. Wall .	2146 893h ST APT # 1	U Town U Village PC DOS VA	3-1-1)	
Mark Walkowski Certification of Circulator , centify:				
reside at 4034 Washington Rd "	ame of circulator) 215 Kenosha lator's residence - include number, street, and municipality)			

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Laci Sentrem	Pleasur Prajine WI	D'Ory Pleasont Prairie D'Ory Pleasont Prairie D'Ory	2/26/11
3. JAMPer Surfici	8723 2nd ave Pleasant Plaine Wi	□ Town Bleasant Prairie □ City	2/26/11
4.		☐ Town ☐ Village ☐ City	
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	(date)	e mail this form to:	(signati Recall Wirch	ure of circulator	r)	 1

P.O. Box 26 • Silver Lake, WI 53170

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22rd District State Senate of Wisconsin

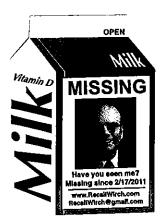
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1. Leif Euchsen	301 TORRY PINES DAIDE	□ Town			
List Edict ska	Deterk	City Twin Lakes	2-28-11		
2. Sandles Eicher	306 TORREY PINES	□ Town	, ,		
SANDRA ERICKSEN	DRIVE	Ocily TWIN LAKES	2/28/11		
3. Horry 2 allengel	1512 LUCILLA AYE	Town TWIN LAKES			
HARRY L ALLENDER		Gity All City	3-1-11		
4 , , , , , ,	108 W Hunt HX	- AKTOWN-			
"Walliam Limmer man		acity Twintakes	3-1-11		
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Viane Du	Twin Lakus Wi.	Cily Twin Lakes	J- - [1		
6.	450 LINGLONDR	☐ Town			
James C Jorny	- TWIN LAKESWI	D City Twin Lakes	3-1-11		
7.	450 homaln 12r	O Town	_ , , ,		
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8.0. 2	108 WHUnt Av	□ Town /	2 4 1 / /		
8 Pipne Zimmerman		Village Win Lakes	3-1-1/		
2.11 1 1 11 11	LYI BAYVIAN	O Town	2 / 11		
"Bar Seau a Bollinger		City SWIN MILE	3-1-1		
10.//	9001 352= Ave	Town Restriction	2611		
James Tregunto		G Village During Tur	34-11		
- Turtaul					
Cartification of Circulator					

Certification of Circulator				
I, <u>4</u>	E15=	PERICK SIXLO	, certify:	
(name of circulator)				
I reside at _	306	TIBERY PINKS TWIN LAKES WIS.		
		(circulator's residence - include number, street, and municipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-/-// (date) Leif Cucks (signature of circulato

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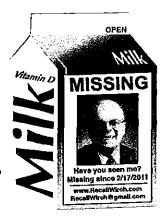
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1. Charles Sitzinger	39510 91 ST STREET POBOX452 POWERSLAKE 53159	O'Town U Village RANDALL UCIly	2/27/11		
2. Bernadin Gitzinger	39516 915T STREET P.O. BOX452 PAWERLAKE	© Town RANDALL UVillage City	2/27/11		
3. Vaudus Harris	39505 9/ST -3159 P.O. Box 505 Powers Lake WI	D Village TAIL A	2-27-11		
4. Donna George	39505 9155 53159 BUBNEDT POWERS LAL	ta Town U Village City Coty	2/27/11		
5.	23163	□ Town □ Village □ City			
6.		☐ Town ☐ Village ☐ City			
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10.		□ Town □ Village □ City			
Certification of Circulator MALK CELZ , certify:					

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from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

<u>Kehusing to represent the citizens of Wis</u>	consul 22" State Senate District u	k Maaisok.	
	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	•	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
White Bushnell	137 W. Fuk Dr. Twen Laker, WI 53181	Town Likes Ocity	2.28.11
2. Our	137 W Rend DQ	Town Jales City Town Jales Town John Styllage Twin Lobes	2-28-11
3. Kayla Sinduin	1861 SUBSET Dr. Thin Lakes WI	D Town Salvillage Twin Laber	3-1-11
4.		□ Town □ Village □ City	
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9.		□ Town □ Village □ Cily	
10.		☐ Town☐ Village☐ City	

Certification of Circulator					
1, Heather M. Graduin	, certify:				
I reside at 1861 Sunset Dr. Twin Lakes WI 53181	Kenosha County				
(circulator's residence - include number, street, and municipality)					

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.c

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

Missing since 2/17/201

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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

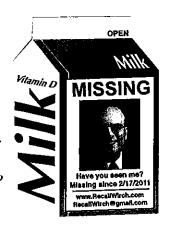
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
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3. put	123) LONCO DIZ Tw., N LAKES WD 53181	Drown O'Village Tw, N LAKES	2-27-11
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5. Bar Male	POWERS LAKE 53159	SECTIONS BANDALL	2-27-11
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district represen	ted by the officeholder ter name. I know their	on and personally obtained each of the signa named in this petition. I know that each per respective residences given. I support this re-	rson signed the paper with full ki	nowledge of its conten	t on the date indicated
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(date)	Please mail this form to:	(signature of circul	lator)	

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9,10, Wis. Stats, This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.gov/cmail; gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
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BO Plato	7832-35+h AVE	ロ Town ロ Village	26 FEVS11
Ashley Lettome	7828 35th Ave	O Town Village Kenoshe- Sacity	Feb. 26,20
Gabeth Oberpulle	17828-38th ave	Town Unitage Benosha	2-27-11
LARIA RA	7850 354 Ave	□ Town □ Village StCity Queller	7-77.1
March Ewing	J849 325 ON.C	D Town D Village RCity	2-27-1
Mark Fronowski	7422 35TH AVE	□ Town □ Village &City KCNOSHII	2711
Lelly Krizmanich	7801-88th AU #73	Town Pleasait Styllage Prairie	2-27-1
Doberta Cess	1550 30 to Ave #10	o Town Village Scily Kenosha	2-27-
And Bongender	7828351 deel	Oron Kenosha	2-27
Wart Famil	8570-37 WAVE	Town Village Herosh C	3/1/1/

I, / homas G.	Oberpriller		_, certify:
	(name of circulator)		
I reside at 7828 - 35	Ave Kenosha u	U1 53142	
•	(circulator's residence - include number, street, and	I municipality)	
district represented by the officeholder nan	ed in this petition. I know that each person	s on this paper. I know that the signers are signed the paper with full knowledge of its petition. I am aware that fulsifying this pertition. (signature of circulator)	content on the date indicated

P.O. Box 26 • Silver Lake, WI 53170

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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

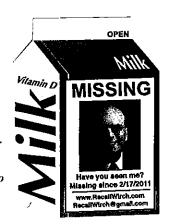
22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Dandia Gwens	22505-864 Place Salom.Wi. 53168	XI Town U Village Salem Ucity	2/24/11
David Fozol	54CEM W.F. 53168	Trown Utillage City SALEM	2/24/1
Dorothy Kozak	8422-199 th Bristal Wi 53164	Drown Savillage City Brustal	2-27-
· Dougle Kend	Bristal, Wisconfin 5210	Drown Dryllage Drity Drity	2-27-
Tray Hansen	8645 2764	prown Coly C	2-28-1
JEFF HANSEN	8645 226 AVE	Urfown Urllage SALEM	2.28.11
Donald D. Korch	22505-86TH PC	XTown UVillage City SA(EM	3/1/11
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reside at 22505-86TH PLACE	•	SALEM	lati	5.3/68
****** ***	lence - include number, su	reet, and municipality)		
personally circulated this recall petition and personally obtainstrict represented by the officeholder named in this petition. Apposite his or her name. I know their respective residences given in the properties of the period	I know that each p	erson signed the paper wi	th full knowledge of	its content on the date indicated
(date)			re of circulator)	<u>, </u>
Please mail t	this form to:	Recall Wirch		
AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. his form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53/88-266-8005, https://pah.wi.gov email: pah/@wi.gov	1/07-7984	ox 26 • Silver Lake, Wirch.com • RecallW		Page No.

TO: Wisconsin Government Accountab	RECALL PETITION		OPEN
official with which the undersigned qualified electors of the $rac{d}{dt}$	n whom nomination papers or declaration of candidacy for the		Milk
we, the undersigned quantied electors of the	(jurisdiction or district of officeholder)	Vilamin L	MISSING
petition for the recall of Robert Wirch	22 nd District State Sexate of Wiscox (name of officeholder to be recalled and office)	sin	MICONTO
from office pursuant to Article XIII, Section	2 of the Wisconsin Constitution and §,9.10	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No legislative, judicial, or county officials.)	statement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	Have you seen me? Masing since 2/17/2011 www.RecallYfrch.com RecallYfrch@gmail.com
Refusing to represent the citizens of W	ioconoin 22 State Senate Dioract i	к үчшиовк.	
THE MUNICIPALITY USED FOR MALLIN	G PURPOSES, WHEN DIFFERENT THAN MUN	ICIDAL ITV OF BEGINNING IC NOT	OLIEBICIENTO
	F THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. (Mendling	7991 11244 AVC 11. Prairie W. 93158	B.Village Pl. Waivie	2/28/11
2. Scott Dullar	8032-22ml Warshn Wt 53/43	Town Village City / CHU'S VILL	2/25/11
3. Rosel Tuke	31908 /21 st 50	O Town U Village City	2/28/17
4.	17/6 24-1751- Kanasha 53140	Town Utillage City CVITSVIA	2/22/11
5. Kools Bakey	6728 387H AVE Kensha WI 5314)	□ Town □ Village □ City Kinn Oik.co-	2/28/11
6. Kill Calle	17/8 39+4 St Kanosha WT 53140	□ Town □ Village □ City	2-28/11
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, Edward J. Ziese	Certification of Circulato	r , certify	v:
reside at 11234 - 9th Av	name of circulator)		,·

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats. Please mail this form to:

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	RICIPALITY OF RESIDENCE, IS NOT S TALWAYS BE LISTED.	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jeff C. Marfert	11315-19th ST. Plansmat Pinille, WE.	D Town SPOillage P.P.	2/26/11
2 Danne Markechuk	PLEASANT ARAIRE WI	D TOWN SI VIIIAGE PLEASANT PAIRUE	2/1/4/11
3. Janny Buzu	8500-234 Lue. Salen, WI 53168	St Town Usuage City User	2/20/11
4.	5601 2220 CT Salem, WI 53168	Strown 10 Village 10 City Salem	03.01.(1
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, Carol Lei	Certification of Circulate	D r , certif	y:

		,	Certifi	ication of Circ	ulator			
I,	Ca	rol Leip	319				, certify:	
I reside at	8601	222nd	of circulator)	Salem.	WI	5316	8	
		(circulato	r's residence - in	clude number, street, and mun	eipality)			
district represent	ed by the office er name. I know is. Stats.	holder named in this pe	tition, I kno	ach of the signatures on w that each person sign support this recall petiti	ed the paper won. I am awar GOG	vith full knowledge of that falsifying this	f its content on the d	ate indicated
	(date)	Please r	nail this fo	orm to:	هورد) call Wirch	ature of forculary)	,	

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

SIGNATURES OF ELECTORS

GAB-170 (Rev. 6/2007). The information on this form is required by §3, 8.40 and 9.10, Wis, Stats. This form is prescribed by the Government Accountability Hourd, P.O. Box 7984, Madison, WI 53707-7984.

608-266-8005, http://gab.wigov/email; gab/g/wi/gov

(official with whom nomination papers or declaration of candidacy for the office is tiled)

We, the undersigned qualified electors of the 22^d Wisconsin State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



DATE OF

SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

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Au Amus	Manut Place 11/7	53/58 Cily Pleasent Prac	re 3/1/1
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	se mail this form to:	Docall Wireh	Page No. 144

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

22th District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional,

ehusing to represent the citizens of Wi	oconoin 22 ^d State Senate Diotrict i	н Madison.	
	S PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
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1. Leg Stofferla	12814 PAMILONE	Томп	2/28/11
2 hutel Chambes	1534 30th Ave # 1-A Kenosha WI 53144	Drillage Pleasant Preune Town Village Kenasha	3/1/11
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Gertification of Circulator	, certify:
I reside at 1534 30th Are HI-A Kenada, WI 53144	•
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this regall petition. I am aware that fallifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

10.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

□ Village

Page No.

OPEN

TO: Wiscousin Government Accountability Board

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

petition for the recall of Robert Wirch 22^d District State Senate of Wisconsin to the recall of Robert Wirch 22^d District State Senate of Wisconsin to the recalled and entires

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL.

(The reason for receil must be stated on petitions for city, sillage, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to inhitate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OF BURAL ROLITE	MUNICIPALITY OF RESIDENCE	DATE OF
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	personally obtained each of the signatures on this pay in this petition. I know that each person signed the p		
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TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis, Stats,

608-266-8005, http://gab.wi.gov/email: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984



_	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Michallen	8675-226 Ave Salem W, 53168	Village Salem	2/28/11
2. Graith a. Grasser	8675 Aduth AVE Salem Wi 53/68	M Town O Village O City	228-11
3. Onthony & Grasses	8675 226 AVE Salem WI 53168	by Town O Village O City	2-28-11
4. Lelya Meredit Holas	8412 234+190e Salem W153168	XXTown Uvillage City	2/28/11
5. Laura Moudit	84/2 234the Solem, WI 53168	& Town Salem City	2/28/11
Domi Hen	8412 23474 AVE SALEMINI 5716	Ortown Salem Sal	2/28/11
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Don Hoellevid	9063 268t Ove Salam Wi 53168	of Town U Village U City	2/28/11
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Michael C. Gras	Certification of Circulate	r , certif	v.
eside at 8675-226 (na	ne of circulator) 1 ve Salem W. 5	3/68	<i>.</i>
(circul	ator's residence - include number, street, and municipality)		
personally circulated this recall petition and persona strict represented by the officeholder named in this posite his or her name. I know their respective resident	petition. I know that each person signed the p	aper with full knowledge of its content	on the date indicate

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

SIGNATURES OF ELECTORS

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



DATE OF SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

1. Paul F. Wagner	576 BriodyStreet	Trown Burlington	2011
1. fault. Wagner 2. Jane & Wegne	576 Bridy Street	Town Utillage Builington	Feb 28, 2011
3.		☐ Town ☐ Village ☐ City	
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, PAUL F. WAGN	Certification of Circulate	PI', certi	íỳ:
Treside at 576 Briody	Certification of Circulator Exemple 15 Certification of Circulator Street Burling Street and numicipality of the street and	ngton	·
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. Lynow their respective resi	ally obtained each of the signatures on this pap petition. I know that each person signed the p dences given. I support this recall petition, Van	oer, I know that the signers are electors aper with full knowledge of its content	t on the date indicated
§.12.13(3)(a), Wis. Stats. Labruary 2	8,2011 Jai	(signature of circulator)	<u> </u>
Please GAB-470 (Rev.6 2007). The information on this form is required by §§. 8.40 and 9.1 This form is prescribed by the Government Accountability Board, P.O. Box 7984, M. 608-266-8005, http://gab.wi.gov.cmail:gab@wi.gov	6 Wis Suis PO Box 26 • Silver	Lake, WI 53170	io. 148

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

22^d District State Senate of Wisconsin

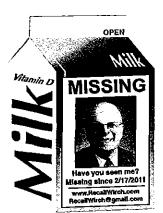
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.								
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF					
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MARK A. STARZYK Certification of Circulator								

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I reside at	39405	9200	(name of cire	Powers	loke	ωı	53159	POBOX	156	Randal
	-		(circulator's resi	idence - include num	ber, street, and n	unicipality)				
district repre opposite his	circulated this recall esented by the office or her name. I know), Wis. Stats.	holder named in	ı this petition	n. I know that e	ach person si this recall pe	gned the p	naper with full know a aware that falsit	owledge of its con fying this certificat	itent on the	date indicated

Please mail this form to:

Redall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

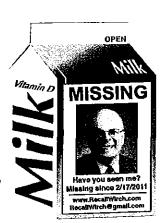
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF DESIDENCE IS NOT SI	HERICIENT
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_ SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. Lundae R Fisher	924- Terry	D Town U Village ACity Rules for	2/28/11
3. Jomes J. Shornes	2900 CROSSWAY Rd. Burling fow, WI. 53105	D'Town U Village Distington	2/28/11
4. Mokholdewing	BURLINGTON WI SHOW	O Village JUNAINGON	2-28-11
5. Lun alben	2115 31 Brown Lake Dr.	D City	2/28/11
6. Phil Yabith	Burlington: WI 53105	UTOWN BUNINGTON	2-28-11
7. Dail Pachucké	4926 Elm Daland Cir. Waterford, W15318	OFTOWN UVillage Waterford	2-28-11
8. MDMCO	Bon you man no	D Cily BUNDING	2.28-11
9. 1 and	708 Gale St Burlington UI	O Village Bulinton	2/28/11
10. Jan 18	264 Indian Bend Rd Burlington, WI 53105	Uvillage Burlington	2/28/11
	Coeffee din of Cincolede		1

HARK A. STARZYK Certification of Circulator	, certify:
reside at 39405 9200 PL Powers lake wy 53159	POBOX 156 Randall
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I k district represented by the officeholder named in this petition. I know that each person signed the paper was poposite his or her name. I know their respective residences given. I support this recall petition. I am awar	rith full knowledge of its content on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 150

(date)

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22^d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE NAME O	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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2. Pamela Benedict 3. Steve Benedict	8850 1844 auc Bristol W. 53104	Town Town Town Other	3-1-11
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10.	U Town	
1 Enesett Baned	Certification of Circulator	, certify:
I reside at <u>8850</u> 18454	(name of circulator) we Bristol, win 53124 (circulator's residence - include number, street, and municipality)	
district represented by the officeholder nam-	nd personally obtained each of the signatures on this paper. I know that each person signed the paper with functive residences given. I support this recall petition. I am aware that Lemmet Bene	ill knowledge of its content on the date indicated falsifying this certification is punishable under

Please mail this form to:

Recall Wirch

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, Wf 53707-7984

608-266-8005, http://gab.wi.gov/entail: gab@wi.gov

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.							
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING				
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6. \\ \(\alpha \)	125 Accept - Ct	□ Town	, ,				
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Michael Tokey	RULLINGTON WISHO	O Village BURLINGTON	2/28/11				
8.	333 Church St	□ Town □ Village ⑦ /	0.50.11				
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9.	181 Westridge	Town	7 7/2 //				
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1. thyllis Kill		, certify	•				
	me of circulator)						
I reside at 29800 Bushn	ell 1/01 DUI 1-1/0	1100 DI 53/0	ک				
(circulator's residence - include number, street, and municipality)							
I personally circulated this recall petition and personal	ally obtained each of the signatures on this pap	er. I know that the signers are electors of	f the jurisdiction or				
district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated							
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.							
(date)		s / _					
	mail this form to: Recall W	(signature of circulator)					
Please mail this form to: Recall Wirch GAB-170 (Rev.A-2007) The information on this form is required by §6.8.40 and 9.10. Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 Page No. 152							

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22dd Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



SIGNATURES OF ELECTORS 1. Handle Marketter Constitution of the Name of Signatures of Electors	SPURPOSES, WHEN DIFFERENT THAN MUNTHE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE Ruml address must also include box or fire no. 6305 4440 51 #134		DATE OF SIGNING
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3 /	10818 8612-71	Drown Plansant	
James Conway	Horsant Hairie Wi	- City	2 25 44
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Nomento. (anadas	Pleasant Prairie, W153188	City Plea 144 + Plaivic	2-25-11
5.0 / 2 / 2/10-	4816-844 54	□ Town △	
John Myle	Kehosha WI 53142	City Teasant Prairie	2-26-11
5.//	10818 86to-PL.	C) Town	
I am Convay	Pleasant Provide No	OCHY Pleasant Prov	ie 2-26-11
7/1/- 10	(0729 102nd Aug	C) Town	1 1
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8. 2011	6729 What Are	□ Town	
hite+	Genoria, WIE3142	Dillage Luoska	2/27/4
ont of	1601-17+HAVB	□ Town	1
1/ New Jane	KBNOSHA, WIS3140	Optilage CB NOSAA	2/29/11
0.	2121-457456	☐ Town	- July
Donnie Ven	Kenasha, WI 53146	SCity Kenoshz	2-28-11
	Certification of Circulato		

Deboroh	Certification of Circulator	
1, Neworan	a. Price	, certify:
1 reside at <u>48/6</u>	84th St: Kenosha	-
	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

March 1, 2011

(sig

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		OUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. At Mill Courses	15508 YTH ST	XTown Uvilage City PARIS	2/28/1
Karen Copper	15508 7TH ST	Octown Other	2.28.1
0		☐ Town ☐ Village ☐ City	
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Certification of Circu	nator	, certify:
I reside at 15508 7714 ST PARIS	WI	,
(circulator's residence - include number, street, and munici	pality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

RECALL PETITION
TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)
and the second of the second

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

petition for the recall of Rahert Wirch

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(name of officeholder to be recalled and office)

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	ING PURPOSES, WHEN DIFFERENT THAN MU OF THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. PARMY Tego	4305-601 M. Kenssawe 5314h	© Town □ Village ((≥ 1 ≥ 1 ≤ 5 € 5 € 5 € 5 € 5 € 5 € 5 € 5 € 5 € 5	2-26-11
2. Catherine alowe	9110-675t Kenosha Wi 53142	Town OX VIllage Pleasant Prairie	428/11
3.		☐ Town☐ Village☐ City	
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	ELIZABETH	Lungari	ertification of C	rculator		
I,	ELIZABETH	UVEST Z	<u> </u>			, certify:
I reside at	2414	(name of cire	culator) Kenocky	ly	53140	
•		(circulator's res	idence - include number, street, a	nd municipality)		
I personally	circulated this recall petitio	n and personally obt	ained each of the signatur	res on this paper	. I know that the signers a	are electors of the jurisdiction o
						its content on the date indicate ertification is punishable under
	a), Wis. Stats.					

Please mail this form to:

Recall Wirch

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.						
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING			
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1000100000	Burlington, WI 53105	Gaily Burlington	1 2-27-11			
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Com forman	Burlington Wi 53105	city Burlington	2-27-11			
3. Richard In Miller	6408 WHEATLAND RD	CI Village BIN LINGTON	2-28-11			
1 1000	BURLING-TON WI 53125	☐ City	4 20 1			
4. Hensiak	217 S. MAINST.	Willage BURLINGTON	2-28-11			
	BURLINGTON WI 53105	ACCITY				
5.	BITS. MAWST.	Trium Ci Village	7 20 11			
Mystal Hensiul	Carlington WI 53105	Acity Buklington	2-28-11			
6. Domintusser	219-5 maw st	a rown Burlingto arcity	2.28/1			
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8 Jammy Henning	7670 Franklin St	Stown Burlington	2-28-11			
"lammy Henning	Burlington WI	☐ Cily				
9. Dave Henning	311 Whentland Rd	Town Burlington	5-58-11			
erace 11 (11111119	Burlington WI.	□ City]			
10.	<i>y</i> .	□ Town				
		□ Village				
	<u> </u>	□ Cily	<u> </u>			
Certification of Circulator						

I reside at 7411 Wheatland Re Burlington Wisc Town of Burlington.
(circulator's residence - include number, street, and numicipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
(date) (signature of circulator)
Please mail this form to: Recall Wirch GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats. PO Box 26 • Silver Lake WI 53170 Page No. 156

(name of circulator)

P.O. Box 26 • Silver Lake, WI 53170

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, June gabasi con comil: gabasi sucgov

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

fjurisdiction or district of officeholder

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
I HE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1. \ R. J.	24847 8910 St	Town	11		
1. Jim Sowell	SALEM WI	O City W Comment	33/11		
2. ON 18 5 11 ha	24847 89 51 St	æ Town	2/1/		
2. MURGE SEIVER	SHLEM WI	O Village SALEM	3/3/11		
3. 11.00 (AA. 11	2608-75th ST	□ Town	2//		
Clittord Miller	Kenosha WI	Willage Kenosha	3/3/11		
400000000	8217 36 AVE	□ Town	2/1		
4. ROGER H. Krafm	Kenosha U' 57/44	☐ Village /(TXCity	3/3/11		
5.	\	□ Town □ Village	_ , , , ,		
trestand to 9	4106 80 P)	☑ Village Com (Sha)	3(3)1)		
6. —		□ Town	<u> </u>		
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8. /27 0	4322 94th 84.	□ Town			
" Hetren Theores	Cleanant fraise	City Pleasant Clair	3/3/10		
27 4 1 7	4322-94H251	□ Town	2//		
LYWYH MULLO	Pleasane Pr	Dily Pluson (1)	9/3/11		
60	19809 93rd St	Town Boy TO	ala i.		
Show I will	Bristal Wi 53104	XVillage USDOUX	313/11		
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	Certification of Circulate	ar -			

L. PATRICIA SALECNO Certification of Circulator	, certify:
1 reside at 8720-34 Ave Kenosha w/ 53/42 (circulator's residence - include number, street, and municipality)	·

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-3-11

Talkicia Stepature of circulate

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board We, the undersigned qualified electors of the 22 Wisconsin State Senate District

22 District State Senute of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is regulred to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the cilizens of Wisconsin 224 State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	1
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Maripa MParker	26210 103td st,	atown Division Dicay Salem	2/25/11
Manyer Mayor	Trevor, WI 53/79	Stown	1 / ///
2. Bernard J. Kean	23611 127TH ST TREVOR WISC 53179	F	2/26/11
3.0 / 1/2	28519 117th St.	tytom Uvdage Ocky Salem	2/27/1
Deborah Juney	Trevar, WI 53179		2/2///
1 Anaela Maria	19579 11742 51: Trevor WI 53179	a Valage Salem	2/27/11
5. Theresa chois	73605 1278(+ Trever, WE 53179	Stown Division Scalem	1/27/1
6. Chieselve	81014 1872 AUE KENDSHA WI 53143	O TOWN U VALORIO Kenosha SKCity	2/28/1
1/20000CS	27038 CAMPLAKE BY		2/28/11
8,		☐ Town ☐ Wilage ☐ City	
9.		☐ Yown ☐ Village ☐ Cây	
10.		© Town © Vidage ⊔ City	

Marilan M. Parker Certification of Circulator	, certify:
reside at 262/0 103rd 57, Trevor Wisconsin	53/79 Salem
(12/1/19/24)	
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full know poposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsify (also). I support this recall petition. I am aware that falsify (date)	virdge of its content on the date indicated
Please mail this form to: Recall Wirch AB-1918-A-2011 the information on this five is required by \$1.00 the \$1.00 t	

то: <mark>Wisconsin Government Accountabili</mark>	RECALL PETITION by Board	. — ———————————————————————————————————	OPEN
(official with w	hom nomination papers or declaration of candidacy for the		Milk
We, the undersigned qualified electors of the $\frac{22}{6}$	TO WINCOMOLE STATE SERVICE DISTRICT PROPERTY OF MISTRICT OF OFFICE HOLDERS	Vitamin D	MISSING
petition for the recall of Robert Wirch 22		No. 1	MISSING
from office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
S' (The reason for recall must be stated on petitions for c the official responsibilities of the officeholder. No sta legislative, judicial, or county officials.) Rehusing to represent the citizens of Wis	ntement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	Have you seen me? Missing since 2/17/2011 www.RecallWirch.com RecallWirch@gmail.com
THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Danielle Marson	7711 15th AVE.	13 Town 10 Village Kenosha	3/1/201
2. Dinothy Morrow	77/1 15th Ave	O'Village Kenosha O'Village Kenosha O'Village Kenosha	3/1/201
3.		□ Town □ Village □ City	
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1, Danielle Morrou	Certification of Circulate The of circulator) When Kenosla	<u> </u>	y:
	lator's residence - include number, street, and municipality) ally obtained each of the signatures on this pa petition. I know that each person signed the	per. I know that the signers are electors paper with full knowledge of its content	on the date indicate

§.12.13(3)(a), Wis. Stats. 3/1/2011 Damelle Morron
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



ST NATURIS OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or tire no. 489 WISCONSIN AVE	Indicate Town, City, or Village Town	1 .
menal headrach	TWIN Lakes WI	I Village Turn Labes	03/01/1
Schrift Grider	621 Tomahawk Dr Twin lakes WI 3181	Town Twin Rabes	3/1/11
Set Surdent	505 HEADA AVE TWIN LAKES WI 53181	D Town Lokes D City	3/01/
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y ((usuc or circulator)			
reside at 489 V	Pisconsin	Ave Twin L	akes,	W.I	• •
- · · · - · · · · · · · · · · · · · · ·		(circulator's residence - Include n	umber, street, and	municipali	ly)
district represented by the	officeholder name	d in this petition. I know that	t each person s	signed th	paper. I know that the signers are electors of the jurisdiction or the paper with full knowledge of its content on the date indicated I amplware that falsifying this certification is punishable under
§.12.13(3)(a), Wis. Stats.	03/01/11		vaca	77	Swalish
	(date)		0 1		(signature of circulator)
		Please mail this form	in	Dagall	1 Mirole

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is.

We, the undersigned qualified electors of the **22^d Wiscousiu State Sexule District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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Din Caulfield	1 workelse Wi	DYTOWN O VIllage Randall	3.1.11
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I reside atA	(nank) of circulator's reside	lator) Le Un l ence - include number, street, and	akes, W	Randou	Toundip
district represented by the	is recall petition and personally obtain officeholder named in this petition. I know their respective residences gives	I know that each person s	signed the paper with full	knowledge of its content on t	he date indicated
	(date) Please mail the control of \$\frac{1}{2}\$ 8.40 and 9.10, Wis. Stats. on Accountability Deard. P.O. Box 7984, Madison, WI 5370 gate Wilson	P.O. Box 26	(signature of cire Recall Wirch • Silver Lake, WI 5 .com • RecallWirch@	53170 Page No.	161

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Ruml address must also include box or fige no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
John V Benecke	27335 84th 844 JAHEN, W, 53106	Town XI Village City 5 A 4 EM	2-28-11		
2. James Sanly	798 N Manas Drivo Silves Lake WI 53170	D Town Silver Lake	2-28-11		
3. Dela Sculla	107 S. Cogamell Dr Silver Yake Wi 53170	D Town Silver Lake Drillage Dily	Z - 28-11		
4 June & Brander	38720 87 St Burlington WI 53105	Ortown Guilage Randall	2-28-11		
5. Munkun	38728 875+ Burlington WI 53105	yD Town O Village O City Randall	2-28-11		
Box Misso	Salus vi	extown Usullage City	2-28-11		
7. Mordon Eddy	603 South Six1h St. Silver LK W. 53170	D Town Zi Village S // Vev La / Ce	2-28-11		
Survey Paulass	SILVE LAKE WI T3/2	□ Town □ Village □ City GILVER Lacky	2-28-11		
9. John Pasti	Oak Wood Shores Wi	Town Utilage Utiley tland	2-28-11		
"Centhia V. Dum	409 AnitaCt CILVERIKWI33170	D Town -Bryillage City Ver	2-1-11		
Tames Scully Certification of Circulator, certify:					

V	Certification of Circulator	
I,	James Scully	, certify:
I reside at	798 N Mayor Dr. Silver Lake WI 53/70	D&1.22
	(girculator's recidence include number street and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I any aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th Dist

2nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robin Monteith Robin Montaith	Buclinoton wwI	Drown Sillage Burlington	2/27/2011
2. Paula Monteith Paula Montrill	108 Johnson St Burlinaton, WI 53105	O Town O Village Burlington	02/27/201
3. Part Montest La	108 Saknest Bulling tone WI 53M	□ Town □ Village Burlington ■ Eity	2/27/11
4. Alicia, Plain Alicia, Plain	Harlington WI 5309	Drown Burlington	2/28/11
5. DERRA MANTHEI Delan Mar Ther	SOS LEWIS CT BURLANTON, WI 53/05	Drown Cyllage Burlington	2/28/4
6. Jason Plein	433 Highridge Rds Budington, Wi. 53105	Town Uillage Burlington	3/1/12
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		□ Town □ Village □ City	
Rober Monteit	Certification of Circulate)r , certil	

1, Rober Monteith Certification of Circulator	, certify:
I reside at 108 Johnson St. Burlington	•
(circulator's residence - include number, street, and numicipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the	e signers are electors of the jurisdiction of
district represented by the officeholder named in this petition. I know that each person signed the paper with full known	wledge of its content on the date indicated
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsify	ing this certification is punishable under
§.12.13(3)(a), Wis. Stats. Markey 1 2011 Rolling Markey 1	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 163

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING			SUFFICIENT.
SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
5,6,4,10,125 01 2222,012	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Elwards A. Photogr	4308 884h Pluce Kewsha , 45 63142	U Town U Villege Specity Keno Sha	2/28/11
"Edwards A. Phitze "Mouther A. Montejo	4308 889h place Henosha, W.I.5314	o Town O Village Kenosha	2/28/11
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10.		□ Town □ Village □ City	
. Edwards A. Most	Certification of Circulato	Pr, certif	y:
reside at 4308 88H	the of circulator) Core Hello Star International State In	53142	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

Page No.

164

RECALL PETITION TO: Wisconsin Government Accountability Board ÖPEN We, the undersigned qualified electors of the 22 Wiscousin State Squate District MISSING 22 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Rehusing to represent the citizens of Wisconsin 22dd State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. Indicate Town, City, or Village X Town □ Village 206-264 TH AVENUE ☐ City □ Town 2. □ Village City City ☐ Town 3. □ Village ☐ City ☐ Town 4. □ Village ☐ City □ Town 5. □ Village City City O Town 6. □ Village City □ Town 7. □ Village City City □ Town 8. □ Village ☐ City ☐ Town 9. ☐ City 🗓 Town 10. □ Village City City

ı, <i>S</i> a	MT K-NELSON	Certification of Circulator	, certify:
I reside at	206-2647H AVENLE	(name of orgulator) BRIGHTON TOWNSHIP	
_		freulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this regall potition, I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

> (date) Please mail this form to:

(signature of circulator)

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT,
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Joursell	8751 33 AU KENGKA WI 53142	O Village Centrale	2-27-11
2.	7420-875+	D Town	<u> </u>
albin K Valron	Kensha Wig 57142	Village foresto	2/27/11
3. James Renderson	1 Jenosha 0653143	Drown Dillage Lenoshe	2/28/11
4. delen laderare	2006 - 76 thest	Town City Denoting	2/2/1
5. Quel Mil	13920 18AIN WE 5364	Merfown O Village Ocity Lenscho	3/1/11
6. Com allum	8302-22 M RVE KENDIA,WI 5343	U Town U Village ACity KEJ 3 3 HA	3/,/11
7. James R. Nolen	6135-68 street	□ Town □ Village ************************************	3/1/2011
8. Quality De Beso	11805 22no Ave	D Town MEVIllage PLEASANT PRAIRIE City	3/1/2011
9. James Molen	4440-68Ph	UTOWN UVillage of lowshy	3/1/11
16. Faran	2016-76 HSV	O Town O Village Soily Lenosha	3/2/11
I, Jaga G	Dertification of Circulate	OFR E. NELSONERHITY	
I reside at		NOSHA, WI 53	1
(circui	lator's residence - include number, street, and municipality)		
I personally circulated this recall petition and person	ally obtained each of the signatures on this pag	per. I know that the signers are electors of	of the jurisdiction of

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I are aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov email: gab@wi.gov

§.12.13(3)(a), Wis. Stats.

form to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

Page No. \(\(\rho\)

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$T \cap A$	History	filmunkulukouk	Hoomeekokilika	"Leanted	
IO.	TAYENT ARMOUNT	СТИПРИМИНИИ	Accountability	DIWWILL	

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Ruml address must also include box or fire no Signatures of Electors Ruml address must also include box or fire no Ruml address must also include box or fire no	o. Indicate Town, City, or Village	DATE OF SIGNING
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Gan Junel 1935- Hoth Ave Kenosha	U Town U Village Kenasha	2/96/11
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		Certifi	cation of Circulator	
1,	Ronald	C Dahlberg.		, certify:
I reside at	5703	(name of cirollator) Spring Grook (circulator's residence - inc	Rdy Pleasant Prairy	ie Wisc. 53158

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

estik 266-8006, http://gub.org.com/email:/gab/a/wi.gov

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bailsaia & Tran	7942-49 Ace Kenasha WI 531+2	D Town D Village SKCity Kerice Show	3/1/201
1. Barbara & Franz 2. Craig Franz	7942 - 49 m ave. Kenosha WI. 53142	Drown Drillage Stroity Control Contr	3/1/2011
3.		☐ Town ☐ Village ☐ City	
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	u city	
(.)	Certification of Circulator	
1. Barbara J Franz		, certify:
(name of cit	reulator)	
Treside at MA42-49 Ave 1	Lengtha WI 53142	
(circulator's re-	sidence - include number, street, and municipality)	
I personally circulated this recall petition and personally ob- district represented by the officeholder named in this petitio opposite his or her name. I know their respective residences §.12.13(3)(a), Wis. Stats.	on. I know that each person signed the paper with full known	wledge of its content on the date indicated
(date)	tsignature of circulate	r)
Please mai	I this form to: Recall Wirch	Page No. 14 cd
GAB-170 (Rev.e-2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stat. This form is prescribed by the Givernment Accountability Board, P.O. Box 7984, Madison, WI		70 Page No. 68

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
1. 1/1: 1 mand 1	425 Stonewall Ct.	☐ Town	1 1	
PSUTA TINAM	Burlington WI 53105	Macily Builington	3/1/11	
2///	518 B. FUXNEAD XING	D Town Nor DIST 22	//.	
Matth Auma	WATERFORD, WZ 53185	SexVillage Carried Control of the Co	3/1/11	
3. /	31017 Bushell Kd.	t)XTown	, ,	
Staron Mercelo Les	Bullington WZ 53105	City Bullington	3/1/11	
4.	149 W Washington &	□ Town	1 (4	
Landa & Milthy	Burlington, WI 53/05	Or Village Burlington	3/1///	
50111111	30120 SUMACPR	⊠ Town	1 1	
Sich Stuhl	BURLINGTON WI 53105	O Village City BURLINGTON	3/1/11	
6. 41/1 - 3	33610 Tatorka Ir.	7£ 10m/	, ,	
Ble Mangold	Bullyglow, WISSIP	O Village DUKKINGTON	3/1/11	
2	33600 Tatonka Toli	Vovo	7.7	
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8.	353 Indian Bend Pd	C) Town	11	
(SD())	Burlington W7 538	Scily Burlington	3/1/11	
9/	424 Donald Dr	□ Town	, ,	
Lenix Wolf	BUYLINGTON WI 53105	Discity BUYLINGTON	3/1/11	
10. Lucinama	33605 Tatonka Zul	Section	, ,	
. Millian V	Buly w 53105	Cily Burgta	3/2/11	
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	Certification of Circulato	II.		

			ka 21 53105 ion of Circu	lator		3/2/11
JA1	nes M	an aala			, c	ertify:
reside at 33610 TATON	(name of circ	- B	Urlingtor	WI	53105	
	(circulator's resi	dence – include nu	mber, street, and munici	pality)	_	

Please mail this form

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	26969 103 - 91.	QX Town Joe How Salem	2-26-11
2. (1) 19-10 (NOW)	26969 103rd Pl.	PETOWN Divillage Trever Salem	2-26-11
3. Non Bur	6410 2381 QUE	18 Town □ Village ALGM □ City	C/25/1
4. Jean Becker	6420-238th Ane	ZNTOWN D Village Salene City	2/26/11
5. 1000 VINTOUS	4913-89th Proce	D Town D Village (CMOSha	2/26/11
6. Mb	10701 674 51.	Drown Utillage Ricity Kenusha	2-26-11
7. Mar Weeke	52-04 6306 St	DITOWN C NOW A	224/11
8. Lawrence Sosbe	4507-7th Avr.	Town O Color Town	2-26-11
9. Sprill	764 14 ave Kenosha wi 5314B	Town Utiliage Levos ha	2/26/11
Comme James	1403 98 HRAVE	Town UVillage KENOSHA	2-269/
Ronald C Pahlberg. certification of Circulator , certify:			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis, Stats.

(effeulator's residence - include number, sheet, and municipality)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wiscousin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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4 0 1 1 1	31807, 117th, SX.	ACTOWN Rendell	3/1/11
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Robin O Dienethal	KENOSHA, WI 53142	Village PRAIRIE	3/1/11
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"mara Dienethal	Kenosta Wi 33142	a Village PRABONT	3/1/11
7. 4. 0. 10	53 641 42th Ch	Town Plegsant	['1' ,
Mai Sital	Kenown WI 53147	City Prairie	3/1/11
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felial dutte	Kenosha WI, 53142	Village Prairie	3/1/11
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<u> </u>	1	1	<u> </u>

	☐ City	
Larole Dienethal Certification	n of Circulator, certify:	
I, <u>Carole Dienethal</u> Certification I reside at <u>23408 124TH Place</u> Treva	or, WI 53179 (Salem) ver, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the district represented by the officeholder named in this petition. I know that ea opposite his or her name. I know their respective residences given. I support (§,12.13(3)(a), Wis. Stats.	ich person signed the paper with full knowledge of its content on the date indic	cale

Please mail this form to:

Recall Wirch

(signature of circulator)

Page No.

GAB-170 (Rev.6:2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Acolumbility Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gub.ni.gov email: gab@wi.gov

WI

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

22d District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	IICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James & Open h.	BURLINGTON Wi 53105	Trown O Village Burling to a City	2-26-201
2. mexiguro	30019 měadow DriUl Budington WI 53/05	a village Burlington a city	
3 Min Le Rychas	30019 Meadowdr Burlington, Wission	Oxform City Burlington	2-27-2011 2-28-201
4. Celly Temple	Burlington, WT 53/05	Oxown Durlington	2.28.20
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	Certification of Circulate	or	

	City	<u>′</u>	<u> </u>
1. Denise Divo	Certification of Circulator	, certify	:
	adowdr. Burlington, Wi-53105		·
	(circulator's residence - include number, street, and municipality)		
district represented by the officeholde	tion and personally obtained each of the signatures on this paper. I keep r named in this petition. I know that each person signed the paper with respective residences given. I support this recall petition. I am aware	ith full knowledge of its content o	on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder,

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE NAME O	F THE MUNICIPALITY OF RESIDENCE MUST	`ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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3.00 0 1/ 00	1/2424 24/2+/1 Ave.	□ Town	
"Chery Celler	Solem, WI 53168	a Villago Paddock Lake	9-98-1
4 20	102D Wisconsin Ave	□ Town	
"Celes Yrosa"	Twin lakes NF.53181	Ocity Twin Lakes	Z-28-11
5. A 2011	1946 Sunset Drive	□ Town	0.00.24
bull hoephe	Twin Lakes WI 53181	Village TWIN LAKES	2-28-2611
6.001	(20 14 HOL-	□ Town	
and solution	KENOSHA WI	City KENSHA	3-1-204
7.	219 Tomahak Dr	□ Town	
MM LA	Turin lakes, WI 53181	Village Thin lakes	3~/-//
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Homes tonya	TREYOR W1 53/19	OCILY TREYOR Salem	3-1-11
9. 1	1005 Berwick Ave	□ Town	,
whole the	Silver Lake WE 53170	St Village S: loca Lanke	3/1/11
100/	29000 75 of Atuet	D Town	
Heronall Toping	Solen W1 53168	O Village July	3/1/11
0 0			
Lance Pla	Certification of Circulate とナナら)r , certify	<i>r</i> ;
	name of circulator)	•	
reside at 39005 60th		TON WI 33	105
(circ	ulator's residence - include number, street, and municipality	-	
personally circulated this recall petition and perso	nally obtained each of the signatures on this par	oer. I know that the signers are electors of	of the jurisdiction o

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
John M. Belita	4409 30 Place	orom Village Kenasha Activ	3-1-1
2. Donna L. Vnederichen	4409 20 th Pl Kenosha W153144	Utilinge Kenesha Utom Uvillege Kenesha	3/1/11
3.		☐ Town ☐ Village ☐ City	,
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_ / // Contineation of Circulator	
1. John N Belltza	, certify:
I reside at 4409 20th PIACE Kenosha WI	53144
(circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that district represented by the officeholder named in this petition. I know that each person signed the paper with full opposite his or her name. I know their respective residences given. I support this recall petition, I am aware that fa §.12.13(3)(a), Wis. Stats.	knowledge of its content on the date indicated disifying this certification is punishable under Bellia
(date) Please mail this form to: Recall Wirch GAB-170 (Rev. 6/2007) The information on this form is required by \$3. 8.40 and 9.10. Wis, Stats. This form is prescribed by the Government Accountability Reard, P.O. Box 7984, Madison, WT 53707-7984 WWW.Recall:Wirch.com • Recall:Wirch.com • Recall:	53170 Page No. 174

TO: <u>Wisconsin Government Account</u> a	RECALL PETITION bility Board		OPEN_
(official v	rith whom nomination papers or declaration of candidacy for the		JEST
We, the undersigned qualified electors of the	22 rd Wisconsin State Senate District	, Vilamin D	2110
petition for the recall of Robert Wirch	22 nd District State Sexate of Wiscons (name of officeholder to be recalled and office)	L	MISSING
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	*2**** 2
	STATEMENT OF REASON FOR RE		3
	for city, village, town, and school district officials. To to statement of reason is required to initiate the rec		Have you seen me? Missing since 2/17/2011 www.RecallWirch.com
legislative, Judicial, or county officials.)	o orane meno og realiser i koreg men se rimane mene me	211 0, 011110, 0011, 0111	Recal/Wirch@gmail.com
Refusing to represent the citizens of L	<u> Visconsin 22rd State Senate District in </u>	n Madison.	
	ING PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Ruml address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Toling R. Thomas	5411 88th St Pleasant Prairie, WI 53158	Do Village Pleasant Pranie	2/28/11
1. Toling R. Thomas 2. Vith Horrer	Degrant Prairie WI 53158	O Town OKVillage Pleasant Prairie	alaxlu
3.	7 100000 1100 1 10000	☐ Town	
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10.		□ Village □ City	
i, Toby R. Thoma	Certification of Circulato	or, certify	<i>r</i> :
Ireside at 5411 88th Str	(name of circulator) 2et, Pleasant Prainicipality) circulator's residence - include number, street, and municipality)	e, WI 53158	·
I personally circulated this recall petition and pe district represented by the officeholder named in	rsonally obtained each of the signatures on this pathis petition. I know that each person signed the p	per. I know that the signers are electors o paper with full knowledge of its content o	on the date indicated

opposite his or her name. I know their respective residences given. I support this recall petition. §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING			
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2. alaria Gilray	5207 -28h St	Town	مادماي			
Selly House	Kenosha WI 53144	oxcity Kenosha	2/28/11			
3. Michael White	3701 124th Street	Town Solitage Pleasant Prairie	2/28/11			
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5. Sosephine Marting	6332 244 Ave Paddock Lathi	□ Town ←	2/28/11			
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6. Downs-Themas	10739 - Meadowlands wi	CI Town	. 1			
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ı, βΛ	ian Param	et; Certific	ation of Circulator	, certify:
I reside at	10922	152 nd Ave	Lerogha Wi 53142	Bristel
			de number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware mat falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	C PURPOSES, WHEN DIFFERENT THAN MUN THIE MUNICIPALITY OF RESIDENCE MUST T	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
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Darry A Smil	Twin Lakes Wi	City	2/28/11
	1359 James Dr	Town Lakes	2/201
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Brondo Kimball	9830 388 # Acce	Town Village Randall	2/28/11
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§.12.13(3)(a), Wis. Stals.

2/28///
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

Page No. 17

GAB-170 (Rev. 6:2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Deard, P.O. Box 7984, Madison, WI 53/107-7984
608-266-8005, https://gab.wiscos/ email: gab@wiscos

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P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

го: <u>Wisconsin Government Accounta</u>	bility Board		OPEN
	ith whom nomination papers or declaration of candidacy for the		ez:ii.
We, the undersigned qualified electors of the	22d Wisconsin State Senate District	, Na-	WIIK
	(jurisdiction or district of officeholder)	Vilamin D	MISSING
petition for the recall of Robert Wirch	(name of officeholder to be recalled and office)	siu	
rom office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
he official responsibilities of the officeholder. No egislative, judicial, or county officials.)	STATEMENT OF REASON FOR RI for city, village, town, and school district officials. I o statement of reason is required to initiate the rec Uisconsin 22 rd State Senate District i	The reason must be related to all of state, congressional,	Have you seen me? Missing since 2/17/2011 www.RecallWirch.com RecallWirch@gmsll.com
	ng purposes, when different than mun		UFFICIENT.
SIGNATURES OF ELECTORS	OF THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Walter Zelenski	8905 COOPER RD PLEASIANT PR WI 53158	D Town NOTING TOWN PLEASANT PL OCITY	3/1/11
2.		□ Town □ Village ⊡ City	
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WILLTER ZELFN	Certification of Circulato (S K) (name of circulator) PLE4SANT PR, W,	or, certify	r:
1- 10/10/11/20 22/1		PLEASAUT PR.	

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
" Carl F. Sever	6051-42ND AVE.	Drown Utiliage KENOSHA	2/27/11		
2. Mariem Sever	6051-42 me ave.	□Town □Village ⊠City KENOSHA	2-27-11		
3. John J. Jever	6919 4/st Ave.	ortown Village Kenusha Scity	2/27/11		
4. Je an Levey	7544-31 Ave	D Town D Villege KeWOSh4	2/27/11		
5. Kathy Jaclan	4388-84# Street	grown Olypsant.	2/21/11		
6. mark sever	4725 HARDING ROAD	□Town □Village KENDSHA MCity	2/27/11		
7.		☐ Town ☐ Village ☐ City			
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9.		□ Town □ Village □ City			
10.		□ Town □ Village □ City			

1, CARL F. SEVEY	on of Circulator		, certify:
I reside at 6051-42 12 (name of circulator)	KENOSMA	WI	
(circulator's residence - include num	ber, street, and municipality)		
I personally circulated this recall petition and personally obtained each of the district represented by the officeholder named in this petition. I know that e opposite his or her name. I know their respective residences given. I support §.12.13(3)(a), Wis. Stats.	ach person signed the paper y	with full knowledge of	its content on the date indicated
(date) / Please mail this form to	, ,	ature of cifculator)	
This form is presented by the Covernment Accountability (searct, p.c), 110x, 1984, Macison, W1, 23 (07-1964)	D. Box 26 • Silver Lake	e, WI 53170	Page No. 79

RECALL PETITION TO: Wisconsin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisiliction or district of officeholder) petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin (name of officeholder to be recalled and office) He was S Marrie from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, concressional, legislative, judicial, or county officials.) Rehusing to represent the citizens of Wisconsin 22" State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. Indicate Town, City, or Village □ Town unda 1 □ Village **CYCity** ☐ Toyyn □ Viltage City City □ Town 3. □ Village T City ☐ Town 4. ☐ Village ☐ City ☐ Fown 5. □ V∂tage ☐ City ☐ Town 6. □ Village ☐ City ☐ Town 7. □ Village ☐ City □ Town 8. ☐ Village □ City 🖰 Тоул 9. □ Village

/ Certification of Circulator						
l	Lyna	a Koch		·	, certify:	
I reside at	6 822	50 (name of circulator)	Kinsha	W3	53140	
		(circulator's residence - includ	e number, street, and manicipality)			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a). Wis. Stats.

(12.13(3)(a), Wis. Stats. March 1, 2011

10.

Please mail this form to:

Recall Wirch

☐ City ☐ Town

P.O. Box 26 • Silver Lake, WI 53170

Page No. 180

GAB 110 (Rev 6 2017) The relative words brown registed by \$3.8.84 and \$4.00 % 50 s.
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www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.	
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
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3. Henry	37621 &9+1PL TWIN LAKESWI	Shvillage Twin Lakes	2-26-11	
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7. Robert a Bahan	550 SHONDAN RD RACINE	⊅XTown <i>Sommens</i> □ Village □ Cily	3/3/11	
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10.2/ / / / / / / / / / / / / / / / / / /	2515) 8774 St. Salem, WI 53168	Ortown Ovillage - S. Jem Oily - S. Jem	3-3-11	
Certification of Circulator				
	nte of circulator)	, certify	•	
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I reside at	106	School	Street	Silver	Lake,	W		
		(circu	ulator's residence - include numb	er, street, and municipality) - 1	- ,		
I personally ci	irculated this rec	all petition and persor	nally obtained each of the	signatures on this pa	aper. I know tha	nt the signers are e	lectors of the jurisdicti	ion or
district represe	ented by the office	eholder named in this	s petition. I know that ea	ch person signed the	paper with full	knowledge of its c	ontent on the date indi	icated
opposite his or	rher name. I kno	w their respective res	idences given I support (his recall netition. La	m aware that fa	lsifying this certific	cation is nunishable un	der

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 8

§.12.13(3)(a), Wis. Stats.

то: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22th Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 224 State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	Purposes, when different than mun	ICIPALITY OF RESIDENCE, IS NOT SI	IFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.0 0 0	4137 Prairie Village Dr.	CI Town	
Carol Brooks	Kenosha WI 53142	Dily Pleasant Prairie	2-24-11
2.11000	4137 PRAILIE ULLAGE PA	☐ Ťown	
Thelles	KENULIA, W 53142	OSCHINGO PLEATMY RAINE	2-24-11
30	9165 Prairie Village Dr.	D Town	
Curt De Brun	Kenosha WI 53142	givilege Pleasant Prairi	e 2-2511
4 A. O. C.	9165 PRAIRIE VILLAGI MRIV	LI Town	
Maura De Burn	Kenasha, WI 53142	Ecity Pleasant Frains	2-25-11
5. 0. 4 60.	4505 - 89 th St	□ Town	5 69
" Cathy a. Jury	Kenosha, Wi 53142	Scily Kemska, WC	2-26-11
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8.	5404-68th Sheet	□ Town	1 1
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9.	5404 68th 3t	() Town	
James Debogare	Kenosha wi 53142	Divilage Kenosho	a/98/11
10. Out Dellar	704-Sheridan contion	₹ Town	1 01
John suggois	Kenosla Wi 53/40	Cicity Somers	2/28/11
1, KENNETH C. MUCHLBA	Certification of Circulate) l' , certify	· 8
(6)		- 00 1 a	

I reside at _	9158	SPRAI	Pate	VILLAGE	DK	PLEASANT	JUATHE,	U 53/42	
			(circul	ator's residence - include nu	ımber, street, e	and musticipality)	•		
district repre	sented by the or her name.	e officeholder ne I know their res 3/3/	imed in this	petition. I know that	each perso	on signed the paper with partition. I am away Market	ith full knowledge of the Angles of the Angl	s are electors of the jurisd of its content on the date i contribution is punishable	ndicated
		(date) /	Please	mail this form t	o:	(signan	ure of circulator)		 -1

Hecall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of eardidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UPFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JERRY PADANOT	145 43 A UE XENOSHA, WLS 53144	D Village SOMERS	2-28-11
Donald Stempfley	9622 674R St Kenosha, WI 53142	U Town U village Kenoska Ucily	2-28-11
3. Ryan D stempflen	Ken Osha WI 53142 9622 6774 ST.	U Town U Villaga Kenosha	2-28-11
4. Alak	8338 47 BAVE Kinosha, WI 53/42	Cl Town A Village Pleasant Poticity Cl City Pleasant Poticity	228-11
Daward	8/21- 48# AUC Kenorha, WI 53/42	Uvillage Mairy Krnoshu	2-28-11
6. Jami Warn	8338 474 per Benosha, 4753142	K VIRIOR Deasont Wars	2/28/11
" Som Johnson	KENOSKA, WIS 3142	U Town U Village KIENDANA WI	2-28-1
8. Made	4301 30Th	O Town O Village Orolly Kennacha	2-28-1
" Conce Xamon	4301 30th HVA Xenosha	Ditown Divilege Xenoska	2-28-11
10. Barb Olivard	2744 8550 Korosta	C) Town C) Village C) City C) Cools	2.28-1
KENNETH C. MUEHL	Certification of Circulate	or , certify	/·
reside at 7128 PRAIRIE	onte of circulator)	CHASANT DRAINE, W	
personally circulated this recall petition and person	• •	per. I know that the signers are electors	of the jurisdiction (

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



	PURFOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include how or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Howard W. alward	2744 85 57	D Town U Village KCNOSHA	2-28-11
Dack Saxley	10812 2691 Ave	P'Town UNABOR SALEM	J- 58-11
Father Sentines	9003 Copper Ro Pleasant Prairie	De Village Pleasat Valla	12-28-1
Kennet Jews	9063 Cooper Road Pleasant Prairie Wi	D Town XVillage PLEASANT RAWE	2-28-1/
" Nolua Kehoo	KENOSHA COURT	Town PLEASANT PRAILED CITY TO THE PRAILED CITY TO THE PRAILED CITY TO THE PRAILED CONTRACT TO THE PRAI	2/28/11
Sunis Vehra	9144 H2NDCT	PRAIRIE WSC	2/28/11
May Ano Leve	1215-93rd Que.	Trown Somers	3/1/20
Saff	1360 shepide No	O Village So me 11	3/1/11
Lastgalun anderson	9153-41 auc Kenasha WI	CI TOWN OF VIRES PLEAS ANT PRAIRE	3-1-11
o. Janu Bettore	2128-35TH ST KENDSHA WT	U Town U Villago ACity KEIVOSKIA	3-1-11
KEANETH C. MUCH	Certification of Circulate		,
eside at 9128 PRAIRIE	anse of circulator) VIUAGE D. PLEA plator's residence - include number, street, and municipality)	<u> </u>	53/92
ersonally circulated this recall petition and person frict represented by the officeholder named in this	nally obtained each of the signatures on this paper	per, I know that the signers are electors c	of the jurisdiction

opposite his or her name. I know their respective residences given. I support this recall petition. I any appropriate fairlying this certification is punishable under

GAB-170 (Rev. 6 2007). The information on this form is required by \$4, 5.40 and 9.10, Wis. State this form is prescribed by the Government Accountability Board, P.O. Hen. 1984, Madinin, WI 51307-1984 Recall Wirch

Page No.

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT SI	UFFICIENT.		
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED,			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	310/41140		
1. Diebrod Rake	Silver Lake WISSIA	Drown Stringe City Silven LK	3-3-11		
2 Dapper Ste	211-8774 Street Dragnt Dumine, wit Sig	O Town	3-3-11		
3	6823-52 WAUR	D Town	7 2 11		
OUDINE .	KRW05144, Ul 53142	PCily OX ELOSHA	5-3-11		
4. Monrae Ball	444 8th A Dec	U Town U Village CYCity Q had A fix	3/3/11		
5. Part I Wohen	9641-4971 AD	O Town Svillage / Cleaner	3-3-11		
6. Ellene Hoberia	2641-49th AV	Town Village Pleasant Prairie	3-3-11		
7. ARRI	FL. Petreic, MESTIS	Town Stillage Cush Rum	3/3/2011		
8. andrey Walsh	1320-3312 Court Kenosha WI 53144	D Town D Village Kenosha	3-3-11		
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10.		☐ Town ☐ Village ☐ City			
, Erin Decker	Certification of Circulator				
reside at 706 School	me of circulator) Street Silver	Lake, WI 5317	<u>o</u> .		

		•	(name of circulator)				
I reside at	_70	o Sch∞	1 Street	Silver	Lake	WI	53170 .
			(circulator's residence - include nu	mber, street, and numicipali	ly)		
I personally c	irculated thi	s recall petition and pe	rsonally obtained each of	the signatures on this	paper. I know the	at the signers	are electors of the jurisdiction or
district represe	ented by the	officeholder named in	this petition. I know that	each person signed th	e paper with full	knowledge of	its content on the date indicated
		I know their respective	residences given. I suppor	rt this recall petition. I	l am aware that fa	lsifying this c	ertification is punishable under
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		Dia	ace mail thic form t	0' 5 "			

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. \85

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

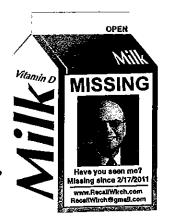
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marine	5310 Adums Road	Indicate Town, City, or Village Town Village	Mar 2,2011
2. Barbara Miller	7911-30 Ave	Town Village SCORY City KENOSha	3-3-2011
3. John Dr. Mille	79/1- 302 Hve	U Town U Village Society Kenosher	3-3-2011
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1. John G. Miller	Certification of Circulator	, certify:
l reside at 79//-30 T3 A	ame of circulator) VE KENOCHA (City) ulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Jam aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

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608-266-8005, http://gab.wi.gov email: gab@wl.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the <u>22^d Wiscousin State Senate District</u>
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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(date)	se mail this form to:	(signature of circulator)	J
	riecan v		Page No. 187
GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and This form is prescribed by the Government Accountability Board, P.O. Box 7984,		Lake, WI 53170	- (01

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

GAB-170 (Rev.o/2007). The information on this form is required by 44, 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Hourd, P.O. Box 7984, Madison, WI 53107-1984
608-266-8005, http://gab.ni.gov.cmail.gab/g/wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the <u>22^d Wiscousin State Senate District</u>
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



Page No.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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side at 4969 8974 ft.,	(name of circulator) LENSHA WI 5314V (circulator's residence - include number, street, and municipality)		
ict represented by the officeholder named it	ersonally obtained each of the signatures on this pant this petition. I know that each person signed the e residences given. I support this reputilized the	paper with full knowledge of its content	on the date indi

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
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I TOUTH	Certification of Circula	tor	
1, DALLY COSTABLLE	name of circulator)	, certi	ty:
I, <u>SALLY COSTABILE</u> I reside at 8909 COOPER ROA	D PL. PRATRIE WI	Ξ	<u></u> -
	culator's residence - include number, street, and municipality		
I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective	is petition. I know that each person signed the sidences given. I support this recall petition. I	paper with full knowledge of its content	t on the date indicated

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gsak.wi.gov email: gab@wi.gov

WV

form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. | 89

OPEN

MISSING

Missing since 2/17/2011

www.RecallWirch.com RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
· Cani astobaugh	9130 368/ Ave Win Lew W1 53181	Trown City Candall	2-26-11
2.	3750 3684 AU Burlington, WE 53105	Di Town U Village Wheatland	2.26-11
3. Sean Beach	7150 368 th hoe. Twin Lakes W1 53181	MITOWN Village Randall	2/27/11
4. Amy Bine che	9150368th Ale. Twin Lakes W1 53181	5Vieum	2/27/11
5. Cate Parisi	9100 368th Avenue Twin Lakes. W1 53181	Village Randall Randal	2/27/11
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I, JAVIO W, SIBBUMY	, certify:
I reside at 9/30 36801 Ave 7	WW LAKES, Wi53181 Fown of Rawfall.
(circulator's residence -	include number, street, and numicipality)
district represented by the officeholder named in this petition. I kn	each of the signatures on this paper. I know that the signers are electors of the jurisdiction or now that each person signed the paper with full knowledge of its content on the date indicated. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of ciryulator)

Page No. 190

(date)

TO: Wisconsin Government Accountability Board We, the undersigned qualified electors of the 22' Wisconsin State Senate District MISSING petition for the recall of Robert Wirch 22 District State Senate of Wisconsin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Refusing to represent the cilizens of Wisconsin 22° State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OF RUNAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Indique Town, City, or Village Rural address must also include box or fire no. 2/25/11 4500 110 th O Town D City 8820 65h Manor U Valoro 2/25/11 KELOS D City D Town VLV/Bago D City 1206 150 211511 Grove U Town U VILLOU D Caty O 7own O Vělage **ELESTY** D Jown 32 Villago D City 2/25/ © Yown © VBago 26 Av 7. 2-25-11 Kenosha enosha, Wi **SECHY** -2 Town U Village 550-41ans J-25-11 enosta 53146 O City D.Town XVisag D City D Town V Villago D Cky .25-1(Certification of Circulator , certify: we f reside at I personally circulated this recall polition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their Aspeyave residences given. I support this recall polition. ng aware that falsifying this certific §.12.13(3)(a), Wis, Stats, Please mail this form to: Recall Wirch

Page No.

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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TO: Wiscousin Government Accountability Board

We, the undersigned qualified electors of the 22' Wisconsin Stale Senale District MISSIN petition for the recall of Robert Wirch 22 District State Senate of Wiscowin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The recursor for recall must be stated on petitions for city, village; town, and school district officials. The recuson must be related to the official responsibilities of the officebooker. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.) Refusing to represent the cilizens of Wisconsin 22" State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET A NUMBER OF RURAL ROUTE MUNICIPALITY OF RESIDENCE SIGNING Indicate Town, City, or Village O Town CI Village ETCHY O Town CI VALION O City a villago Kenosh A 2.26 O City LI Yown O Viltage D Cay O Town D Village BACity 11Conos U Youn □ VAnge O City D Town D Wlago A Youn O Videge () City C Town O Town CI Valag lation of Circulator genify: I reside at I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their properties residences given. I support this recall petition. I any ore that falsifying this certific gion is symistrable under §.12,13(3)(a), W(s. Stats.

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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmall.com

RECALL PETITION TO: Wisconsin Government Accountability Board (official with when provided a provided as a provide

We, the undersigned qualified electors of the 22 Wiscousin Slale Schale District

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin (name of officious for the recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes

STATEMENT OF REASON FOR RECALL

	Wisconsin 22 State Senate District		
	ing purposes, when different than mu: Of the municipality of residence mus		OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or live no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
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P.O. Box 26 • Silver Lake, Wi 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

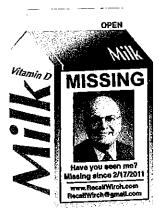
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



	·		<u></u>			
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF			
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4-1	BURLIMETON WISSIS	Detrown City BURLINGTON	2-27-11			
5/ Joseph Version	Bullaton WI 53105	atrown Bully ton	7-27.4			
6. South Shell	Buthorter WI TS/OF	U Town Uvillage Uv In 5 ton	2-25-11			
7. John almork	30915 jalar Dr. Berlington NF	2 Town Burlingform	2-28-11			
8. Srott Ports	340 Beloit St Burlington, Wi	U Town U Village But it in for	2/28/11			
" David My	Burling W 57/15	Deity Durley for	2/28/4			
10.	Bucyn 670N, W. SSIST	DVIllage BULLINGTON	2/28/11			
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	, Certification of	f Circulator		
JOSEPH J. WESSE	<u>5\</u>			ertify:
(nan	ne of circulator)	1- 05	- 000	
reside at 32901 Clarence		I'M NOTY	<u>63192</u>	·
(circula	tor's residence - include number, stre	reland municipality)		
personally circulated this recall petition and persona	lly obtained each of the sign	atures on this paper. I kno	w that the signers are ele	ctors of the jurisdiction or
listrict represented by the officeholder named in this t	petition. I know that each pe	erson signed the paper with	ı full kıfowledge of its co	ntent on the date indicated
opposite his or her name. I know their respective resid	ences given. I support this re	ecall petition. I am aware t	hat fats (ying this certifica	tion is punishable under
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GAB-470 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gib.wi.gov.cmail: gaba_wi.gov

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@amail.com

TO: Wioconsin Government Accountable	RECALL PETITION Lity Board when promission papers or declaration of cardidacy for the	office is filed)	ОРЕН
We, the undersigned qualified electors of the 2	2 Wisconsin State Senate District		Milk
	juisdiction or district of office bolder) 2 th District State Senate of Wiscon (same of officebolder to be recalled and office)	Alju Y	MISSING
from office pursuant to Article XIII, Section 17		of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No si legislative, judicial, or county officials.)	tatement of reason is required to initiate the rec	The reason must be related to call of state, congressional,	Have you teen me? Maning three \$17/241 were the at Worth teen the at Worth Squall con
Refusing to represent the citizens of Wi	scousin 22 1 State Senale District i	n Madison.	
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SIGNATURES OF FLECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1 10 1	Rural address must also include box or tire no.	Indicate Town, City, or Village	SIGNING
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2.1	3901 Proint Dillar	Olom	n2/ 1
hull Swann	Kenusha 53142	Lay Pleasent Brains	11 /5/0/
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1. JEFFREY WIS WANGED AND AND AND AND AND AND AND AND AND AN	Certification of Circulato	r, certify	
Treside at 3901 ACATALL VILLAGO	PRIVE KENWHA WI Later's residence - include aumber, street, and municipality)	53142 PLEASANT	PRAIRIE
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resignation of the control of the contro	petition. I know that each person signed the pe	aper with full knowledge of its content of a sware that falsifying this certification is	the date indicated
(بعثاد) Please	mail this form to: Recall W	(signature of circulator)	,
GAB-190 (Ro. 6/207). He information to this form is required by §§ 3.40 and 0 (c. This form is prescribed by the fine comman Accountable). Roard, P.O. Ber. 784, Ma. 685, Mo. 4003, (https://doi.org/10.1003/1	PO Boy 26 • Silver i	Lake, WI 53170 Page No.	195

TO: Wisconsin Government Accountable	RECALL PETITION lity Board whom nomination papers or dectaration of candidacy for the	notion in Globb	OPEN_
We, the undersigned qualified electors of the		/	MISSING
petition for the recall of Robert Wirch from office pursuant to Article XIII, Section I	(name of officeholder to be recalled and office)		INITOON
The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No legislative, Judicial, or county officials.) Rehusing to represent the citizens of W	statement of reason is required to initiale the redisconsin 22 ^m State Senate District i	The reason must be related to call of state, congressional, in Madison.	Have you seen mot Missing elnce 2/17/26 www.RecaltWirch@gmail.co
	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. William Quelent	33006 KARCHER RD.	STOWN O Village BURLINGTON	2-28-2011
2 Dll M anderly	33006 Karcher Rd	actions O Village O City Burlington	2/28/11
3 Jacquely 9 Braaks	32900 Karcher R	Grown Girlington	2-28.11
	0210 1/ A 01	S Town	
4. Kir Van Patter	33106 Karchar Rd	City Burlington	3/1/11

y
, certify:
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QUAIL RUN

8760

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats.

8.

9,

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

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☐ City Ŭ Town

□ Village ☐ City □ Toyns

□ Village

BURLINGTON

Page No. 196

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



m					
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Lenard Clark	1410~25th are - Kenoska Was 53140	Town Village Kenasha	2-27-2011		
2. Mary Sevick	6058-4/ave Kenysto, Wi. 53/42	Town Constraint Sercity	2/37/11		
3. Lorraine Hollingsworth	6214 50 ST	Willage Kenasha	2/27/11		
4. Cory Tussler	5/12 32Nd Ave Kenosha WI 53144	Town Village Konosha	2/28/11		
5. DAVIDROCEN	7912-32 HVE KEWUSHO WIG314L	Town Conosha (Cily	2/28/11		
6. PARTER APPLIE	The An	☐ Town ☐ Village ☐ Cily	/		
7. Just Steinmetz	1341 Str (KR) Kenosiu	U Village	3/2/11		
8. Duo Courr	409 Stoth Start Kurdy	Town Utillage Kervasha	3-2-11		
9. Boverdy Lothiuser	409 515th ST. Januar	Town Utilage Kenasha	3/2/11		
10. American	7320 STH AVE. Kenoshy, W. 53143	Town Urillage Konasha	3/2/11		
Certification of Circulator					

	Certification of Circulator	
I,	LUAN RAY	, certify:
I reside at	2316-80 The ST. KENUSHA, L	ul, 53143
_	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3.12.13(3)(a), wis. stats. March 2, 11

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountabil		<u> </u>	OPEN
	whom nomination papers or declaration of candidacy for the		11:54
We, the undersigned qualified electors of the $\underline{2}$, Vilamin D	WIIIK
	(jurisdiction or district of officeholder)	L	MISSING
petition for the recall of <u>Robert Wirch</u> 2	(name of officeholder to be recalled and office)	isin	
from office pursuant to Article XIII, Section 13	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
\$	STATEMENT OF REASON FOR R	ECALL	18
(The reason for recall must be stated on petitions for			Have you seen ma? Missing since 2/17/201
the official responsibilities of the officeholder. No s legislative, judicial, or county officials.)	iatement of reason is required to initiate the rec	can of state, congressional,	www.Recal/Wirch.com Recal/Wirch@gmail.com
Refusing to represent the citizens of Wi	scousin 22d State Senate District i	u Madisou	
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
$ \alpha$ AH $ -$	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.6/- (///	7923 WIMOF RA	Skillage Pleasant Piair	e 3-1-11
10 Sm and	Pleasant Prairie	City /	2 / 7/
2.	9923 Wilmot Rd	*Town Plancom Os.	e 3-1-1)
Mari Mellozze	Pleasant Prairie	city reasont prairie	5-1-11
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Dom Auloz		, certify	:
$Q_{\alpha} \circ A_{\alpha} = A_{\alpha} \circ A_{\alpha$	ame of circulator) - D. I WWA HALA LA ADA D	leasant Prairie	
reside at 7923 Wilmut	lator's residence - include number, street, and municipality)	CUSUII I WY I C	·
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personally circulated this recall petition and person istrict represented by the officeholder named in this			
pposite his or her name. I know their respective resi			

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signalure of circulator)

Page No. 198

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.						
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF			
6	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING			
1. Alyn And	1720 lakéshore dr.	Down Willage Twin/akes	31-11			
2. Man 1 5/2/1/4	TWIN LOUISING SOME	U TOWN Selving [W/n Lakes	3-1-1(
3. Costant Dodosud	3355175 Wilmot Wis.	yatown O Villege Lite (MO + Salem	3-1-11			
4. Julie Ch Epping	2982475+5t. Jalen, 101 53148	☑ Town □ Village	3-1-11			
5. Janete Rynness	29808: 75th St. Selem, St. 53168	Trown Utilage Ucity Salem	3-1-11			
6 Knisten Gauger	8725 380th Auf Builington WI 53/05	U-Town City Randall	3-1-1/			
7. Farr Janbacker	BB50 Harow Rel Jun Likes W = 53/B1	Stown U Village Landall U City	3-1-11			
8. David B. Missen	219 PAWLEY AVE TWIN LAKES WI 53181	D Town A Village TUTN LAKES D City	3-1-11			
9. Sim Forsia	TWINKK WIS318/	D Town Stillage Win Lakes	3-1-11			
10./DISL	2706 24/86 Me Salem W1 53/68	¥Town XVillage □Cily Sale m	3-1- <u>))</u>			
	ACartification of Circulate	NP .				

ACertification of Circulator	
1. Mary Steinsdoerter	, certify:
I reside at 3929 Shiloh Drive Johnsburg, II. 6005/ (circulator) (circu	Mittenry County IL
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full know opposite his or her name. I know their respective residences given. I support this recall petition. Lam aware that falsif	owledge of its content on the date indicated

§.12.13(3)(a), Wis. Stats. 3-/-1/

(date)

May Hissobellie (signature of circlestor)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		JFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. facqueline of Heiligenthal Jacqueline J. Heiligenthal	473 Summit Avenue Burlington WI 53105	□ Town □ Village Burlington	2-27-11
2. Hary E. Heiligenthal Gary E. Heiligenthal	473 Summit Autnue	BrCity Drown Village Stity Burlington	2-27-11
3. Idanis Liternefeather DENNIS L-PENNESENTA	EKBURLINGTONAUL	D Town D Village BURLINGTON	2-27-1
4. Dorocky, M Whlenhale Torothy M Uhlenhake	9706 328+h Ave Bullington WI 53105	XTown UVillage City Wheatland	2-28-11
5. Marion Spugethoff MARION SPIECELHOFE	BURLINGTON 53105	O Town O Village O City BURLINGTON WIS	2-28-11
6. Kathleen Madaughler KATHLEEN MeLAUGHLIN	197 BAY RITGELAUE BUBLINGTONN; 530	□ Town	2-28-1
7. Paul Spiegelhoff PAUL SPIEGELHOFF	264 PETERS PKNY BURLINGTON, WI53105	U Town U Village UCily BURLINGTON W	2-28-1
8.		□ Town □ Village □ Cily	
9.		☐ Town ☐ Village ☐ Cily	
0.		Ü Town □ Village □ City	

	`		Cer	tification of Circ	ulator		
I, Jac	queline	, I, H	eiligenthal			, certify:	
	1		(name of circulate	or)			
I reside at	473	Summit	Avenue	Burlington	Wisconsin	53105-1755	
-			(circulator's resident	ce - include number, street, and mun	icipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-02-11

Jacqueline & Herlige

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170